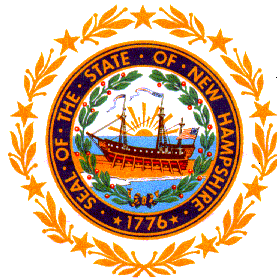


**NEW HAMPSHIRE  
DIVISION FOR CHILDREN, YOUTH,  
AND FAMILIES**



**FIVE-YEAR COMPREHENSIVE CHILD  
AND FAMILY SERVICES PLAN**

**JUNE 30, 2004**



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## **State Agency Administering IV-B Programs**

The State of New Hampshire submits this comprehensive child and Family Services Plan under Title IV-B of the Social Security Act. The agency to receive the funds is the

### ***New Hampshire Division for Children, Youth and Families***

The New Hampshire Division for Children, Youth and Families is responsible for administering all programs under Title IV-B and IV-E of the Social Security Act.

## **NH Division for Children, Youth and Families (DCYF) Organizational Description**

The Division was first created in 1983 under the New Hampshire's Governor's Commission on Crime and Delinquency, known as the "Children and Youth Project". Legislation resulted which created an umbrella state agency for children's services. Upon creation of the Division, along with subsequent legislative changes, DCYF was given the authority and responsibility to provide services for children, youth and families in the following areas:

- Child Abuse and Neglect;
- Delinquency;
- Children in need of services (CHINS);
- Child care/child development; and
- Domestic violence.

The Agency responsible for Children, Youth and Families is one of several state agencies that operate under the administration of the NH Department of Health and Human Services. Other state agencies within the Department of Health and Human Services include: the Division for Juvenile Justice Services; Division of Family Assistance; Division of Elderly and Adult Services; Division of Behavioral Health, and the Division of Developmental Services.

Services are provided from Department of Health and Human Services' twelve district offices as well as satellite offices located in close vicinity to various District Courts.

### **Agency Vision and Mission**

In 1999, the Division achieved agreement among child protection and juvenile justice staff, as well as with consumers and vital community partners on a common agency vision and mission:

***Vision Statement :** We envision a state in which every child lives in a nurturing family and plays and goes to school in communities that are safe and cherish children.*

***Mission Statement :** We are dedicated to assisting families in the protection, development, permanency, and well-being of their children and the communities in which they live.*



In discussions about the Agency mission and vision for the next five years to be addressed by this plan, there was strong consensus that we retain our current mission and vision statements.

## **II Child and Family Services Continuum**

DCYF is a vital part of a coordinated statewide effort to ensure support for families, and for children in their achievement of safety, stability, permanence, and well being. By means of funding, partnerships, and direct services DCYF supports children through adulthood, from basic prevention through intervention, from family preservation through permanency and adoption.

## **III Service Description**

### **A. Family Preservation**

Nine contracts were awarded for statewide comprehensive family support programs covering all twelve district office catchment areas. The programs assist families and children by promoting family wellness, decreasing family stress, and preventing abuse and neglect. The social service

agencies identify and assist families with multiple stressors by providing multivariate services, which encourage and promote the development of healthy families.

Goals:

- Promote healthy growth and development of children by assisting families in identifying and addressing any home or community barriers to children's success in school and the larger society;
- Empower families as advocates for themselves and their children by collaborating with families and communities in the development of a comprehensive array of local, family-centered and culturally diverse services; and
- Reduce the incidence of violence towards children by providing supportive services to at-risk families including:
  - Supporting parents who are experiencing social, emotional, physical and/or mental health related problems that interfere with their abilities to parent and provide an acceptable standard of care for their children;
  - Promoting safe, nurturing environments for children by educating parents in child development, child health and safety, and parenting skills;
  - Working with parents to identify their strengths and challenges related to parenting, with consideration family, values, culture and/or personal history, and to assist them to deal effectively with overcoming barriers that impede healthy development;
  - Helping families learn coping and problem-solving skills which will assist them in their every day lives;
  - Enhancing family development by assisting parents to further their education, find employment and access community resources; and
  - Supporting families in their home communities by providing resource and referral information, and linkage with Family Resource Centers and other community-based agencies that support families.

Services to be offered by the contract agencies include:

- Home Visiting - Each family must be visited regularly in their home by the home visiting staff. Staff may include a combination of professionals, volunteers, and/or

paraprofessionals. The frequency of visits must be specified in the family service plan with the expectation that visits will occur weekly at a minimum.

- Short-term Child Placement - Voluntary placement services must be short term, less than 7 days, with foster homes licensed by DCYF or another NH Child-Placing Agency, using the least restrictive environment – close to home and school. Voluntary placements must be restricted to parents who have short term medical, mental health, or drug and alcohol treatment needs. It is expected that children in need of placement do not have relatives or other placement resources.
- Child Development Education - The program must offer effective interventions which can positively influence the long term parent-child relationship and prevent problems while promoting optimal development of children and their parents.
- Parent Education and Support - The agencies must support programs that value, respect and empower parents, and have a more proactive response to family needs. The program needs to honor families' cultural and ethnic heritages and demonstrate how it can help parents obtain the resources they need to raise healthy children.
- Quality Early Care and Learning Programs - Agencies must offer linkages or directly provide a system of early childhood care and education programs that supports children's social and emotional development. DCYF is especially interested in funding "quality" programs that target many risk factors such as cognitive deficits, early behavior and adjustment, poor parenting practices, and difficult peer relationships.
- Health Education - Agencies must promote services and programs that will improve the social and emotional outcomes for both children and their families. These programs must focus on adequate nutrition and education regarding physical and mental health needs of the families.
- Adult Literacy and Higher Education - Agencies must refer family members to GED tutoring or classes, English as a Second Language, and to college level courses, as well as help with child care, transportation, advocacy, and other referral services to support parents as they pursue their studies.
- Life Skills Training - Agencies must delineate those services and programs which build and enhance the life and family management skills of each family member ensuring that each

family member has the interpersonal skills necessary to function within the existing family structure and respond to the regular demands of the larger society.

- Child Care Resource and Referral - Preventive childcare may be provided to support the family. The need for childcare must be identified during the family assessment and addressed in the family service plan. The agency must be able to provide resource and referral information to help parents recognize high quality, developmentally appropriate child care environments, and to refer parents to the local care child care resource and referral agency funded by DCYF. The agency may offer child care on site, as a respite service or as a part of the agency's regular program.
- Family Empowerment - The agency is expected to provide advocacy training and opportunities for families to participate in community activities focused on improving the quality of programs and services. Families must be assisted in identifying service delivery gaps and effecting change in those identified areas with the cooperation of state and local agencies.
- Information and Referrals to other community based agencies - Agencies must be knowledgeable in order to inform parents and community members about services for which they are eligible, such as medical and mental health care, temporary financial assistance, housing, child care, and transportation. The agency must assist families in obtaining and using these services.



## **B. Family Support**

DCYF has funded Family Resource Centers throughout the state for the last four years to provide family support/primary prevention services to families. Last year, as a result of identifying home visiting as a priority area in the Request for Proposals, a number of the Centers have decided to use this and future funding to conduct home visits with families. DCYF is committed to continuing to support these prevention efforts through the use of CAPTA and Promoting Safe and Stable Families funding. Approximately \$44,000 of the PSSF funding will be expended through this grant award.

DCYF has directed \$140,179.00 from the Family Preservation and Support Services Grant, in combination with SSBG and CAPTA funding, support the Comprehensive Family Support Services initiative for a total of \$800,000.00.

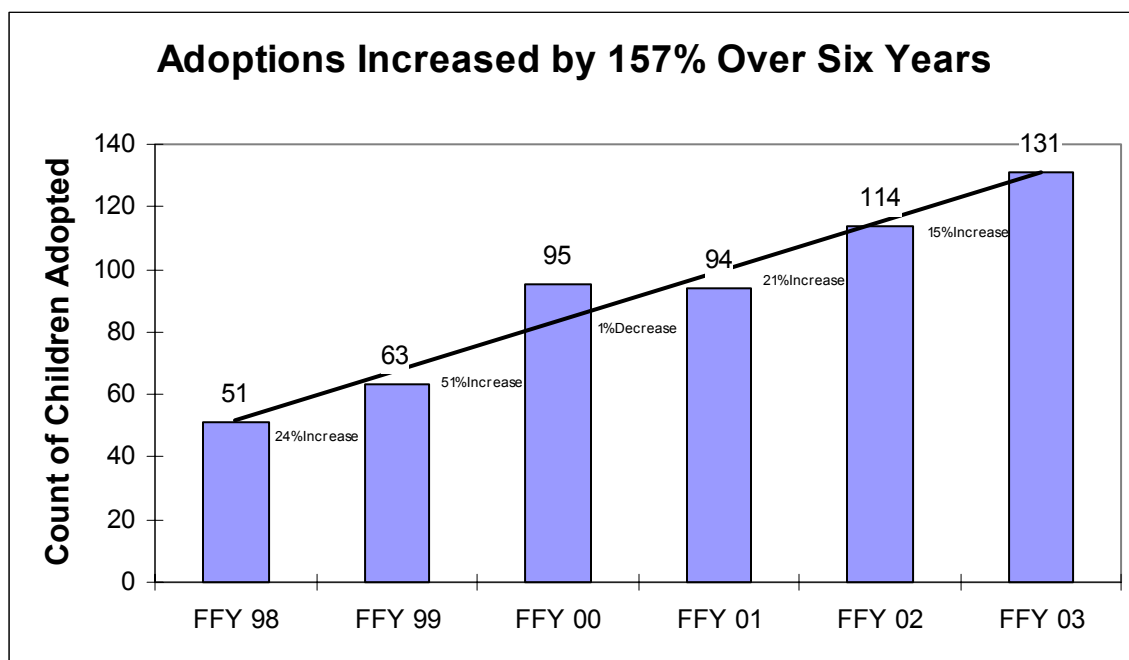
Additionally, DCYF will continue to contract with Casey Family Services for foster parent support and retention services. Expenditures for this contract are expected to be \$38,500.00 for SFY '04. Support services to be provided will include: increasing positive communication between DCYF staff and foster parents; quarterly newsletters; monthly support groups; mentor support; and community education.

## **C. Time Limited Family Reunification**

Permanency Plus, originally developed as a pilot project in the DCYF Portsmouth District Office, is currently being applied to the Manchester, Salem, Rochester, and Claremont District Offices. After a thorough RFP process, a contract was awarded to NH Easter Seals to provide intensive, coordinated services to parents whose children are in placement. This Contract was effective from its approval date in May of 2003. DCYF anticipates spending all of the required 20% PSSF grant funds for this service area, approximately \$140,000, on this program.

## D. Adoption Promotion and Support

ASFA, Adoption 2002, and New Hampshire's Eric L. agreement all promote continued attention to permanency planning and adoption services. Resulting changes in laws and agency policy have set the stage for concurrent planning, reduced time between initial placement and termination of parental rights, increased numbers of children needing permanent families, and increased numbers of special needs children placed in adoptive families.



Since 2001 there has been a sharp increase in the need for adoptive homes for children who are in therapeutic or residential treatment when they become free for adoption. These children represent special challenges to recruiting and supporting their permanent families. There is a growing need for post-adoption services to minimize disruption and dissolution of adoptions. There is also a growing recognition of a blurring of the lines between foster care and adoption. As a result, DCYF will continue to use a full 20% of Promoting Safe and Stable Families funding to achieve the three goals of: (1) increasing the number of available adoptive homes; (2) increasing post-adoption services; and (3) developing administrative and structural supports to encourage timely permanency and adoption.

Since 1998 DCYF has focused on improved data collection about permanency. These efforts have resulted in better information to guide planning and implementation of recruitment efforts. The agency will continue to support an adoption consultant position established in 2000, to assist the agency in developing and maintaining improved permanency data collection and analysis to assist with a comprehensive, on-going recruitment strategy for DCYF adoptive families. The

**BEING ADOPTED**

**Being adopted is blue like the sky.**

**The sky is black until you get  
adopted.**

**Being adopted tastes like victory,**

**And it feels like someone finally  
cares about you.**

**Forever!**

*By Joshua, Age 11  
Published in Union Leader Newspaper  
February 24, 1997*

consultant will continue to work with DCYF adoption staff to develop ongoing recruitment efforts. Approximately \$12,000 will be allocated to contract with the adoption recruitment consultant in 2004.

During 2003 the consultant developed content for the DCYF adoption website, which went online with the revamp of the entire agency website. The first stage of the enhanced website became operational in July 2002. The new website, <http://www.dhhs.state.nh.us/DHHS/ADOPTION/default.htm>, includes much more information about DCYF adoption than has ever been available on the website in the past and has resulted in more email

inquiries. In 2005 additional information will be added to the website to make it more effective.

#### **E. Permanency Planning Teams (PPT)**

DCYF is committed to providing an environment for change. The traditional roles of the CPSWs have not been as effective as they ideally should have been in ensuring that each child's permanency goal is achieved within timeframes that are appropriate for his/her circumstances and case plan. Family Services CPSWs have traditionally focused on working with birth parents and reunification plans; Foster Care CPSWs have located, evaluated and supported foster families; and Adoption CPSWs have worked with children and adoptive families following the termination of parental rights.

Real, efficient and effective concurrent planning and permanency planning demanded a different organizational model. DCYF was committed to breaking down the boundaries among Child Protection, Foster Care, Independent Living and Adoption CPSWs and, as its first step, was able to acquire additional staff. A new position of Permanency CPSW is in the process of implementation in each district office along with an Adolescent CPSW both of which are in addition to the existing Family Services and Foster Care CPSWs.

The next change is to establish a Permanency Planning Team (PPT) in each district office. Each PPT is comprised of the same core group of staff: the Permanency CPSW, Adolescent CPSW, Administrative Case Reviewer and supervisor. Other PPT participants, depending on the case, could include the Foster Care Health Program nurse, other specialists such as the domestic violence program specialist (DVPS), the licensed alcohol and drug abuse counselor, and/or the Juvenile Probation and Parole Officer (JPPO).

The strength of the PPT is derived from the ongoing consultation and cooperative case planning among the team members lead by each case's primary CPSW.

Two other initiatives that complement the new staffing and new PPTs, are the addition of a Permanency Supervisor to oversee the training of and successful implementation of each district office's PPT, and a Permanency Team Steering Committee (PTSC) is just being created to develop policy, define roles and responsibilities, resolve barriers and discuss the challenges the district office PPTs may be facing. The PTSC will be comprised of Foster Care, Permanency and Adolescent CPSWs, Foster Care Health Program nurses, JPPOs, district office supervisors, and the Permanency Supervisor.

During the last five years, DCYF increased its capacity to maintain an array of regular recruitment activities and to explore innovative approaches to expand recruitment. The agency plans to continue to build its ongoing activities while exploring new avenues for recruiting adoptive families. Recent activities include the following:

- Recruitment summaries are submitted to the Massachusetts Adoption Resources Exchange.

- NH children who are eligible for adoption are included in the “Waiting Children” Booklet that is distributed at all information meetings, adoption training events, and by request.
- Summaries in FosterShare, the newsletter sent to New Hampshire Foster Parents, highlight particular children who are waiting to be adopted.
- DCYF contracted with Casey Family Services to conduct specialized recruitment to enable specific children to move from residential care to adoption.
- Each November, Celebration of Adoption Month activities include a proclamation by the Governor, press releases, and other events that are coordinated nationally, for example the release of A US Postal stamp honoring adoption in 2000.
- DCYF is linked to the AdoptUSKids.org website, an initiative of the Children’s Bureau, and posts online listings of NH children needing adoptive families. A CPSW received training in the new website and postings of New Hampshire began in the fall of 2002. The National Resource Center on Special Needs Adoptions will provide on-site training and other technical assistance for all permanency staff. The website, <http://www.adoptuskids.org/>, is now a routine resource for posting waiting children.
- A part-time CPSW position is allocated specifically to conduct ongoing coordinated recruitment efforts for children with special needs.
- DCYF is a regular participant in the Open Door Society annual adoption conference.
- DCYF Adoption Unit received a mini-grant to partner with Massachusetts Adoption Resource Exchange (MARE) for a special recruitment project. DCYF and MARE will work with businesses such as Jordan’s Furniture to host an adoption information event and to publicize adoption.
- DCYF staff works intensively with the NH HHS Bridges staff to increase the automation and integration with the rest of the agency records of adoption tracking systems. Through this work the DCYF/Bridges team designed a “Recruitment Screen” that is now part of Bridges that simplifies the tracking of recruitment efforts for each child. Training for staff on the new tracking system began in the first quarter of 2004.
- Beginning in 2002 the Adoption program recruitment staff began working more closely with the Dept. of Health and Human Services Public Information Office. This ongoing collaboration resulted in more media coverage as well as more professional looking

graphics and presentation materials while using existing resources. For example, one of DCYF's waiting children was featured in the nationally circulated Boston Sunday Globe.

- Federal Adoption Incentive Funds are used in a collaborative project between the Foster Care Program and the Adoption Program to develop public service ads to recruit foster and adoptive parents. The ads are being run in New Hampshire movie theaters.
- The Commissioner of DHHS established an advisory committee to address issues to decrease the time children spend waiting. The first meeting was held December 5, 2003. The committee is comprised of adoptive families, judges, adoption professionals and DCYF staff including the Director of DCYF, the Child Protection Administrator, the Adoption Specialist and the Permanency Specialist, as well as the Administrator of the Adoption Program.
- The DCYF Permanency Staff meet with Downeside, a multi-state agency, two to three times per year to discuss specific children in need of adoptive families. So far, the meetings resulted in three children being placed with Downeside families.
- DCYF is collaborating with the Foster/Adoptive Parent's Association to develop a New Hampshire Response Team for adoption inquiries.

In 2000, DCYF issued a Request for Proposals combining the time-limited family reunification initiative with the flexible foster/adoptive family resources initiative. Approximately \$30,000 of Adoption Promotion and Support funding was allocated to this RFP and DCYF continued to allocate this amount in 2001. Initial implementation and evaluation has taken place and DCYF continued to allocate funds to further develop this model program in 2002. In 2003 DCYF issued an RFP and awarded a contract to expand this successful model from one District Office area in Portsmouth to four more areas, including Rochester, Salem, Manchester, and Claremont.

During 2000 and 2001 DCYF contracted with Casey Family Services to develop a community-based model of post-adoption services. The project brings together DCYF staff, private adoption agency staff, school personnel, mental health providers, and adoptive families and children to identify and develop needed services. The first two years of the project resulted in training in post-adoption issues for mental health providers and teachers, as well as a support group and other social activities for adoptive families. The contract is completed. Now that the model is

developed, Casey will begin to replicate it in other communities in the state using other financial resources to support it.

In 2000 there was a three-month waiting list for DCYF adoption search services, to help adoptees establish contact with their birth parents. To decrease the waiting time and expedite searches, DCYF contracted with a consultant to begin the search process and provide the adoption workers with preliminary information to assist them in completing the process. The contract was continued since then and will be continued in 2004. The search consultant has also provided training and technical assistance to Adoption Social Workers to increase their skills and efficiency at performing searches. The waiting period for search services has gone from six months to two months as a result of the adoption consultant's services. In 2003 efforts included developing a search brochure and creating content on adoption search for the adoption website to help better inform people seeking DCYF adoption search services. Enhanced search information was included in the DCYF website that was launched July 2002. The agency will continue to develop strategies to increase its ability to respond to search inquiries.

As part of the 1999-2004 CFSP, DCYF utilized technical assistance to begin reviewing and updating adoption policies to assure that they support practices that promote timely adoptions. These practices are in draft form and will be reviewed approved as policy in 2005.

Using Safe and Stable Family funds adoption specialists explored methods to expedite home studies. The workload of the Adoption Unit is unpredictable and often contingent upon the timetable of the courts. High caseloads can slow the adoption process. Two years ago DCYF developed ancillary contracts to produce social and medical histories on children. By contracting this time consuming task, adoption workers were able to manage their caseloads and process adoptions more quickly.

Another initiative to promote and streamline adoption in New Hampshire has been an effort between the Administrative Office of the Court and members of the adoption community to review and revise the state statute on Adoption. DCYF has actively participated in this effort. The revisions are complete and the statute is currently before the State Legislature.

During the 2004-2009 strategic planning period, DCYF proposes to direct Safe and Stable funding to initiatives that include:

- Specific staff resources for the purpose of adoptive parent recruitment and for post adoption services (Est. 40,000/yr).
- Involving faith-based communities recruitment of adoptive families and training for foster/adoptive families (Est. 60,000/yr).
- Mediation Initiatives, related to the proposed Open Adoption Statute. Funds will support mediation with birth parents and prospective adoptive parents prior to and at the time of termination of parental rights. Goals are to develop necessary mediation resources, and to increase knowledge and skills of mediators to assist with early permanency planning approximately (Est. \$36,000 - \$56,000/yr).

#### **IV. Estimated Expenditures For Above Services**

Through the strategic planning period 2004-2009, NH DCYF will maintain expenditures of Title IV-B subpart 2 funds to the proportions of 20% for actual service delivery in the following areas:

- Family Preservation,
- Family Support,
- Time limited family reunification,
- Adoption promotion and support services, and
- Planning and service coordination.



**Budget For FFY 2005****Promoting Safe and Stable Families Grant**

CLASS	FEDERAL	MATCH	TOTAL
AUDIT	721	XXXXX	721
CONTRACTS	647,669	161,917.25	809,586.25
CURRENT EXPENSES	12,400	XXXXX	12,400
IN-STATE TRAVEL	XXXXXX	XXXXX	XXXXX
PERSONNEL	60,000	15,000	75,000
OUT-STATE TRAVEL	XXXXX	XXXXX	XXXXX
TOTAL	\$720,790	176,917.25	897,707.25

**V. Services in Relation to Permanency Planning*****State policies and procedures for meeting the permanency hearing requirement***

DCYF and NH Courts have worked collaboratively on the Court Improvement Project (CIP) to develop protocols relative to abuse and neglect cases and permanency planning. The focus was DCYF placement cases that were going to approach or extend beyond the 12-month ASFA standard. The protocols were effective September 2000 and revised in April 2003 and call for the timely processing of cases by eliminating continuances, maintaining court calendars,

identifying outcomes for each hearing, identifying DCYF and provider reports for each hearing and by identifying and locating non-custodial parents.

DCYF policy describes the timeframes for scheduling permanency hearings.

Permanency hearings for juveniles need to be structured to meet federal requirements and to recognize the differences between an abuse/neglect case and a CHINS/delinquency case.

DJJS placement cases are not addressed in the CIP protocols but DJJS staff have been working with the courts relative to conducting permanency hearings since DJJS must follow the same federal guidelines and standards as DCYF. Therefore, JPPO staff will continue to prepare for permanency hearings as ASFA requires and in April 2003, DJJS developed its own permanency hearing policy that reflects the ASFA standards. Further discussions and training with judges are necessary before full compliance with this new policy can be expected.

***Methods for ensuring that hearings are held within the timeframe required***

A report that identifies children due for a permanency hearing is sent to supervisors two months in advance of the hearing.

Bridges was modified in February 2003 to identify when permanency orders are due and if the district office has received the order for each child.

Court calendars for permanency hearings are set at the beginning of each case.

The permanency coordinator for the courts monitors compliance with the CIP protocols.

Protocols for DJJS cases are desired and being discussed with the CIP staff.

*Methods for tracking that the requirements are met for each child*

AFCARS is used to track the length of time a child is in care and identifies the child's permanency goals. Additionally, information on permanency hearings is identified in the administrative case review and summarized in the annual report.

***Anticipated outcome(s) of the hearing process***

The hearing process is designed to produce a court decision about the child or youth's permanent plan. The court reviews all options for permanency beginning with reunification. The court may give the parents or youth additional time to complete their service program if the court believes the parents or youth are making significant progress to resolve their problems. If reunification is not possible, DCYF and DJJS must provide information in writing and verbally explain why reunification is not possible. Recommendations must be made about adoption, guardianship or other permanent plans for the child or youth if reunification is not recommended.

*System for tracking hearing outcomes (for example, tracking the action taken in response to a recommendation to terminate parental rights)*

Hearing outcomes that lead to adoption are tracked by monitoring each step of the termination of parental rights (TPR) process from the point a supervisor and staff decide to seek a TPR to the filing of the TPR petition.

Table 1 Timeliness of TPRs

	1998	1999	2000	2001	2002
TPRs filed within 195 days	55	58	66	79	99
TPRs filed after more than 195 days	24	22	44	34	31

Supervisors track all permanency hearing outcomes. They ensure the next steps are taken to achieve permanency for each child. When assistance is needed, a permanency planning team is convened to assist in determining the best plan for each child.

Permanency hearings and administrative case reviews are held when the permanent plan has not yet been achieved.

AFCARS data is used to track all outcomes at the point of discharge from foster care.

*Lessons learned about the permanency hearing process during the Statewide Assessment focus groups, interviews, and consultations*

The major concern uncovered at the DCYF supervisor focus group was the availability of court time. Some areas of the state experience long delays and continuances in permanency hearings. Additionally, courts and judges are inconsistent regarding permanency hearing protocol.

The DJJS permanency hearing protocols are in the early stages of development with the courts. The Courts presently may need additional information about federal requirements and the need for such hearings in juvenile justice cases.

*Quality and effectiveness of the State's permanency hearing process*

Permanency hearings are effective in making decisions about children's permanent plans but permanency is delayed at times because the hearing is scheduled 12 months after the adjudicatory hearing.

Permanency hearings need to be consistently held for DJJS cases where the juveniles are in out-of-home placements. Though almost all juveniles are reunified with their parents, for some reunification will not be the goal. In these cases, parents may be candidates for Termination of Parental Rights (TPR) and the youth subsequently for adoption and/or alternative planned living arrangements. These are familiar activities for DCYF staff but much less so for DJJS staff.

Presently the Memorandum of Agreement between the two divisions requires DJJS staff to not only ensure that permanency hearings are held when applicable, but that TPRs are pursued along with the identification and pursuit of other planned living arrangements for those youth for whom reunification is no longer the permanency plan.

Policy requires that adjudicatory hearings be held within 30 days of arraignment for neglect, abuse or delinquency petitions and within 21 days for CHINS petitions. Delinquents who are securely detained must also have their adjudication hearings within 21 days. Permanency hearings are then scheduled 12 months from the date of the adjudication hearing; however some courts have very limited judge and court time, and staff report that adjudicatory hearings are often not scheduled within the required timeframe. When this happens, permanency hearings are consequently delayed beyond the 12-month requirement. Supervisors and staff report that they are attempting to have the dates of permanency hearings scheduled at the adjudicatory hearings whenever possible to avoid unnecessary logistical delays.

#### *Promising practices in this area*

In early April, DJJS completed its draft of a permanency hearing policy that meets state and federal requirements. This policy provides judges with the rationale for DJJS permanency hearings. The desired outcome for DJJS youth in placement is that the amount of time in placement will decrease and/or the placements will be less restrictive and in their own community.

Training for all district and family court judges was held on April 3, 2003. This training defined the need for permanency hearings in DJJS cases and described how they are to be conducted. On the following day, the same training was held for DJJS district office supervisors, JPPOs and administrative case reviewers.

The DCYF Clinical Administrator position was created and filled in April, 2002. The Clinical Administrator will work with the Adoption Unit to develop a plan to address the mental health

needs of children who are moving toward adoption and to try to seek resources for wraparound services for children moving from residential and therapeutic care into adoption. During 2003 a clinical case review process was implemented. This has allowed us to identify and access appropriate therapeutic services.

## **VI. Decision Making Process**

*How agencies are selected for funding to provide family support and how these agencies are community based.*

As is evident in DCYF's mission and vision, establishment of community based, easily accessible support for families is a fundamental goal of the agency. When specific goals for community-based initiatives are established, The Division utilizes a competitive bid process by issuing a Request for Proposal (RFP). In the RFP, a description of eligible bidders (to ensure community based agency), the services to be provided, and the program performance evaluation is included. In addition, the Division's intent to utilize an unbiased evaluation committee is stated, and evaluation criteria are provided. The evaluation committee is composed of DCYF and DJJS staff, community stakeholders, and consumers. Participants must confirm that their participation will not produce a conflict of interest in the evaluation process. Once successful bidders are selected, the Division engages in a contracting process that is mandated by State law, including review and approval by the Attorney General's Office and the Governor. The RFP and contracting process, in whole, is comparable to the US DHHS' acquisition process. Federal and State mandated certifications (required for use of Federal and State funds) are incorporated into this process as well, as are supporting funding source (CFDA) requirements.

## **VII. Coordination with Tribes**

According to an evaluation of the 2000 national census by Ndakinna Inc., residents reporting American Indian/Alaskan Native heritage comprise 1.6 percent of New Hampshire's total population.<sup>1</sup> New Hampshire does not have a federally recognized American Indian tribe residing within the state; however the indigenous people of this state are Abenaki people. The census indicated that the 7,885 American Indian/Alaskan Native residents of the state reported 4,876 tribal affiliations with federally recognized tribes. DCYF is committed to ensuring that the provisions of the Indian Child Welfare Act (ICWA) are meaningfully followed.

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<sup>1</sup> Ndakinna Inc., P.O. Box 323 Union NH 03387, [ndakkinainc@tds.net](mailto:ndakkinainc@tds.net), 6/4/2004.

Staff training on (ICWA) is incorporated into DCYF's Staff Development and Training Bureau's (SDTB) on going curriculum. For example, ICWA requirements are consistently reviewed in the Division's New Worker Core Training, and DCYF is currently working with Ndakinna, Inc. ( a NH based Abenaki 501 (3) © nonprofit agency serving American Indians in NH and Greater New England) to enhance staff training and services provided to American Indian families and youth in New Hampshire.

As noted in the Child and Family Services Review (CFSR) statewide assessment, future policy revisions will require the identification and verification of all children's ethnicity during the assessment phase. Assessments must include all essential information including a child's ethnicity. DCYF's Bureau of Quality Improvement will monitor compliance with Best Case Practice of accurately identifying and recording each child's ethnicity during the assessment phase through its review of each district office.

#### **VIII. Intercountry adoptions**

DCYF is presently able to integrate data collection on Intercountry adoption into its BRIDGES system. The Adoption Unit identified needed information and worked with BRIDGES staff to implement the change. DCYF will be able to use BRIDGES data to report on Intercountry Adoption in June 2005.

#### **IX. Adoption Incentive Payments**

In 2004 Incentive Funds were used to continue to support three part-time positions to assist with post-adoption search and home study. Funds were also used to contract with a part-time consultant to develop and manage a streamlined intake system for post adoption services.

DYCF anticipates continuing successful initiatives that were developed using Incentive Funds. DCYF will participate in AdoptUSKids Recruitment Response Team project and intends to use Incentive Funds to supplement the contract. The project involves collaboration with Foster



Adoptive Parent Association, who will develop a recruitment response team and create a post-adoption resource directory.

## **X. Staff Training**

The Division for Children, Youth, and Families (DCYF) and the Division for Juvenile Justice Services (DJJS) believe that well educated employees deliver higher quality, more efficient, professional, effective and proactive services to children and their families, which support the department's mission and guiding principles. Training is required for both new and seasoned staff, as explained in detail in the sections that follow. Training opportunities increase employees' competence and morale through professional growth, development, and increased job effectiveness to ensure the safety, permanency and well-being of the children and families served.

The mission of the Staff Development and Training Bureau is to provide competency-based training and educational opportunities that are family centered and applicable to the skill needs and job duties assigned to DCYF and DJJS staff. The Bureau's trainings and educational opportunities impart the knowledge, skills, and techniques integral to effective child welfare and juvenile justice practice.

In addition to the regularly scheduled staff and provider trainings, an annual two-day conference attracts an even broader audience for skill building, networking, celebration and recognition of peers and colleagues who have rendered outstanding service to New Hampshire children and families.

*State training plan (how developed, updated, and evaluated, and by whom)*

The Bureau of Staff Development and Training (BSDT) has a state plan, which is incorporated in the five-year Child and Family Services Plan 2000-2004, and updated annually in the Annual Progress and Services Report. The Bureau has contracts with two providers for comprehensive staff and provider training, the University System of New Hampshire's College for Lifelong Learning (CLL) and Northeast Family Institute (NFI). Providers trained include foster and adoptive parents as well as licensed residential care providers. The BSDT administrator works

with both contractors and their respective steering committees to provide input on the development of the training plan. This plan is updated annually and is evaluated by the administrator with input from both the contractors and the DCYF director.

***Pre-service and in-service training offered (topics, timeframes, required number of hours, availability of continuing education units)***

The BSDT offers a competency-based training program in the DCYF Core Academy, the DJJS Juvenile Probation and Parole Institute and the Advanced Trainings. Competencies are identified that have an overall theme of safety, permanency and well-being for children and families for both the Child Protective Service Worker (CPSW) and Juvenile Probation and Parole Officer (JPPO). Trainings are offered that provide skill and knowledge in specific competencies. Annual Individual Training Needs Assessments are completed by both the CPSW and JPPO to identify training needs for the upcoming year. Each staff person and their supervisor target training for the upcoming year via the Annual Individual Training Plan.

All new DCYF and DJJS employees are required to attend a one-day, Department of Health and Human Services (DHHS) orientation while new DCYF employees attend a two-day DCYF orientation. Materials include an overview of and introduction to the Division's mission, philosophy, roles, expectations, procedures and resources. A total of seventeen related presentations are delivered over the two days. Specific examples of the orientation topics include: role of the child protective service worker, central registry, community based services, administrative case review, Adoption and Safe Families Act, as well as domestic violence.

Following the one-day DHHS Orientation, all new Juvenile Probation and Parole Officers (JPPOs) must enroll in the Juvenile Justice Residential Service Orientation Program. They spend three consecutive days in NH's sole secure treatment facility for adjudicated delinquents, the Youth Development Center and two consecutive days in the NH detention unit, the Youth Services Center.

All new CPSWs must complete the core academy. This training is offered four times per calendar year at the state office in Concord. Every new employee is required to attend while seasoned staff are encouraged to attend from time to time to stay current with new research in the field, updated policies and procedures and to receive topic specific updates. Topics addressed during the academy include:

- Staying safe during home and office visits,
- Assessment of abuse and neglect,
- Theory and practice of family work,
- Overview of interfamilial sexual abuse,
- Interviewing in cases of suspected sexual abuse,
- Medical and behavioral indicators of abuse and neglect,
- Casework skills-case planning and goal setting,
- Building relationships with families,
- Court and legal training,
- Central registry and fair hearings,
- Legal issues in permanency planning,
- Effects of abuse and neglect on child development,
- Permanency options,
- Effects of placement on children and families,
- Overview of residential services,
- Prevention of disease transmission,
- Impact of domestic violence,
- Working with families with mental health issues,
- Intervention and assessment skills with families with substance abuse issues,
- Report writing, interstate compact,
- Teen independent living,
- Structured decision making (SDM),
- Revenue enhancement,
- Adolescent depression and suicide,
- Cultural competence, and
- Mentoring.

The DJJS professional development curriculum, the Juvenile Probation and Parole Institute is offered twice a year in Concord in a three-week intensive block schedule. It is based on the *Fundamental Skills Training Curriculum For Juvenile Probation Officers* developed by the National Center For Juvenile Justice . This curriculum is a training blueprint used with its companion document, the revised (2002) *Desktop Guide To Good Juvenile Probation Practice*. The purpose of the Institute is to teach the best in juvenile probation theory and provide juvenile probation officers with the essential skills and requisite knowledge base to perform their duties effectively. There are twenty-seven consecutive modules presented for a total of ninety hours of training for each Institute. Every new employee is required to attend, while seasoned staff are encouraged to attend to learn about new research in the field, and updated policies and procedures, as well as to receive topic-specific updates.

Upon completion of the Institute, a new JPPO has six months to pass the Juvenile Justice Behavior Management Certification Program. This Program is a three day certification training in strategies for preventing and diffusing aggressive behavior, managing physical confrontation, acquiring handcuffing skills and understanding arresting and legal custody issues. This is a contracted service provided by *REB Inc.*

All new DJJS employees also participate in the Juvenile Justice Mentoring Program. In this program a new Juvenile Probation and Parole Officer (JPPO) is assigned to a seasoned JPPO for overall guidance and assistance completing a mentoring log. The goals of mentoring are to familiarize the new employee with good case management skills, procedures, policies, best practice and the culture of the agency.

Participation in DCYF's mentoring program is required for all new CPSW's. Each new employee is paired with a trained mentor, approved by the child protection program administrator and the respective supervisor. The mentor is an experienced field staff person. Mentor and mentee begin their relationship during the mentee's Academy training and continue, as needed, once the Academy is completed. This relationship continues dependant on the need of the individual employee. Both mentors and mentees, as part of the Academy, attend a training

to learn about the concept of mentoring as well as receive practical guidance on how best to interact as mentor/mentee to best utilize their relationship as a learning tool.

Each year an annual training calendar is developed to meet the ongoing/advanced training needs of DCYF and DJJS staff. The BSDT uses aggregate data from the individual training needs assessments as a starting point to identify potential training needs statewide. Bureau staff and the DJJS Professional Development Staff also meet with individual supervisors and selected staff to learn their specific needs for ongoing/advanced training. Each employee, upon completing one year's service, is required to attend 30 hours, or five days, training annually.

Training developed specifically for DCYF supervisors is based on the Institute for Human Services competency-based training curriculum. Training topics are derived from best practices in the field of child welfare and management science. The goal of this training is to equip district office supervisors with the management and case practice knowledge needed to guide their staff to consistently support the vision, mission, guiding principles, and goals of the agency through best case practices. Training modules include: Managing within a Child and Family System, Managing Diversity, Transfer of Learning, Developing Work Groups and Teams and CPSW Academy Overview.

The CLL and NFI contracts offer DCYF and DJJS staff and providers on-going courses centered in child welfare practice in New Hampshire. Some of these courses offer participants continuing education units. In addition, NFI, through its contract, pays for staff to attend state of the art conferences and trainings outside New Hampshire that, typically, offer continuing education units.

***Content focus (subject) and type of training (for example, information sharing or skill building) offered***

The CPSW academy's focus is on safety, permanency and well-being. Subject matter is arranged sequentially to build in a logical progression of information sharing and skill building as one completes the Academy.

The DJJS institute envisions the role of juvenile probation as that of a catalyst for developing safe communities and families. The Institute assists in fulfilling this role by addressing topics on:

- Holding youth accountable;
- Building and maintaining community-based partnerships;
- Implementing results-based and outcome driven services and practices;
- Advocating for and addressing the needs of victims, offenders, families and communities;
- Obtaining and sustaining sufficient resources and promoting growth and development of all juvenile probation professionals.

All training materials as well as course structure are designed for the adult learner. Trainers use their skills and knowledge to maximize learning. For example, training, whenever possible, is interactive allowing participants to practice their newly learned skills.

**Table 2 Types of Training Offered to Staff by Position**

Training Offered	Staff by Position **
*DHHS Orientation	All new DHHS staff
DCYF Orientation	All new DCYF staff
CPSW Core Academy	All CPSWs
Juvenile Probation and Parole Institute	All DJJS Staff
Management Of Aggressive Behaviors	All JPPOs
Supervisory Training	All DCYF supervisors
Specialized And Customized	Usually tailored to a specific need
On-going/Advanced Training	Open to staff as needed
Peer Education	Open to staff as needed
Annual DCYF conference	All CPSW, JPPO provider staff and others

\*DHHS and not Training Bureau offer this training.

\*\* Most training offered to DCYF and DJJS staff is also open to provider agency staff. Our belief is that we are all working with the same children and families. Thus, training together can offer benefits, both tangible and intangible.

***Staff develop plans (are these required, and if so what areas must they address)***

An Annual Individual Training Assessment (AITA) is required of all staff. Based on the assessment an Annual Individual Training Plan (AITP) is developed. The AITA addresses the following CPSW skill areas: legal aspects of child protection, family centered child protection services, case planning and family centered casework, effects of abuse and neglect on child development, separation, placement and reunification, adoption and foster care, working with adolescents, sexual abuse, intake and assessment of risk and safety, legal issues in child welfare, family centered assessment and intervention, casework with children, recognizing and assessing developmental delay and disability, parenting skills, collaborative interdisciplinary services to families, cultural competence, adult psychopathology, substance abuse, family violence and interstate compact as well as Bridges.

The AITA addresses the following JPPO skill areas: legal aspects of juvenile justice, overview of the Juvenile Justice System, family centered case assessment, planning and decision making, managing resources and time, adolescent development, behavior and delinquency, interpersonal communication skills: concepts of relationship and interviewing, predispositional recommendations, supervision, youth in out-of-home placement, family based interventions and family counseling, special problems: emotional, behavioral and cognitive disorders of youth, effective parenting and behavior management of youth, building community teams to serve adolescents, adult psychopathology, substance abuse, family violence, understanding psychological and psychiatric assessments of youth, crisis intervention, de-escalation and personal safety strategies, adolescent sexual development and behavior, case recording and report writing skills, health and medical issues, educational and vocational planning for youth, the probation profession, Bridges, Title IV-E/A, XIX, Medicaid and administrative case reviews.



Staff interested in furthering their education through the tuition assistance program must complete a professional development plan . This helps to identify the individual's specific strengths/limitations as well as career goals.

***Training data available (for example, the number of staff trained during specific timeframes on specific topics) and capacity to track that staff are meeting State training requirements***

DCYF has a dedicated, intranet database, the State Training Attendance Reporting System (STARS) to compile and store information. Using this database a staff person, and his/her immediate supervisor, can review and track trainings for timeliness and compliance with policy as well as plan for future trainings. The BSDT is able to track staff trained, compliance with AITP's and credit training hours for attendance at any qualified external trainings and conferences. STARS is also the BSDT's source for management reports, such as the number of staff completing required trainings. It provides vital information for planning upcoming offerings.

**Table 3 Types of Training Offered and Participation**

FY02 Training Offered	FY02 Total Attendance
DHHS Orientation	N/A
DCYF Orientation	55
CPSW Core Academy	38
Juvenile Probation and Parole Institute	16
Management Of Aggressive Behaviors	43
Supervisory Training	14
Specialized And Customized	82
On-going/Advanced Training	366
Annual DCYF conference	907

In 2002, the Professional Development and Course Enrollment Program provided tuition assistance to 95 individuals. This was an increase of 51% from the previous year. Since its

inception in 1993 the Professional Development and Course Enrollment Program has paid for 358 courses.

*Process for developing, evaluating, and updating the training curriculum for staff*

Currently the BSDT uses two evaluation forms. The ‘Training Evaluation Form’ is a standard format completed for a specific training by the participants. Completed forms are collected and tallied. They provide feedback on content, presenter effectiveness and an opportunity for open-ended commentary. Statistical information is reviewed by the training bureau, the DJJS Professional Development Unit and shared with the presenter. The Academy evaluation reports and other standard offerings are reviewed on a quarterly basis by BSDT staff. They are an important part of the information, with the Training Program Evaluation Survey, used to develop the bureau’s annual plan. As the Training Steering Committee is reconstituted, it is anticipated their review of these materials will influence their input into the Bureau’s annual plan.

The Training Program Evaluation Survey is a non-course specific tool sent to a broad variety of employees seeking feedback from a wide set of perspectives. This survey covers every aspect of the bureau’s comprehensive training program.

In addition to staff feedback, BSDT and trained field staff, following a predetermined set of protocols, monitor a minimum of twelve trainings per year. Protocols include structured observation, data collection and inspection. Monitoring is designed to ensure that the Bureau’s training is planned and delivered in a format that is effective for adult learners; that the training effectively impacts job performance; that it meets the trainees identified needs; and that trainers share DCYF and DJJS policies and practices accurately.

Each BSDT staff member is assigned primary contact responsibilities for a number of district offices. Communication between the training bureau and the staff and visa versa is their primary responsibility. In addition, they assist with any training needs and receive feedback.

***Method for delivering training to staff (how, when, and where)***

Orientations take place in Concord each month. Faculty is drawn from the department and each division respectively.

The academy is also delivered in Concord following a nine-week format, divided into three training days and two workdays each week. Most of the academy trainers are DCYF staff with expertise in their course topic. In addition, external trainers participate for topics such as substance abuse. New trainers meet with Training Bureau staff prior to their initial session to review their material, identify training objectives, clarify expectations and deal with any last minute issues. Experienced trainers are monitored regularly, given feedback and revise materials as necessary.

DJJS trainings likewise are offered at the DCYF facility in Concord and at venues around the state including community function rooms, district offices, the Youth Development Center and the Youth Services Unit.

The annual On-going/Advanced training calendars are developed by both DCYF and DJJS for a one-year schedule prior to delivery of the trainings. Trainings are held throughout the calendar year at locations around the state with both nationally recognized trainers and DCYF staff. The topics are based on information in the AITA the Training Program Evaluation Survey and by special requests.

***Process for determining whether the trainings offered address the needs of staff, including identifying the need for additional training***

Please refer to the earlier discussion of the AITA, AITP and Professional Development Plan.

At the end of training session, each participant is asked to complete an Action Plan. The plan consists of a Learning Review in which the trainee shares what was learned and an Action Item in which the trainee identifies specific actions to be taken using the information learned in the

training. The completed Action Plan is sent to the supervisor for follow-up during supervision. The goal is to incorporate learning into practice while providing supervisors specific information to reinforce this process. This then, provides an opportunity for both staff and supervisor to determine if additional training is needed.

***Lessons learned about staff training during the Statewide Assessment focus groups, interviews, and consultations.***

Community partners are reporting case plans are better written with goals that reflect more innovative approaches to reunification or permanency but there is still the need to write case plans involving parents in a way that they can better understand them.

At the same time, there is a sense DCYF and DJJS can improve in the identification of a family's strengths while still clarifying conditions that require change, and who is responsible for implementing those changes.

***Quality and effectiveness of the staff training (for example, describe any barriers to training attendance, efforts to integrate classroom training with on the job experience, and mechanisms to support transfer-of-learning)***

Please refer to the prior discussion of the action plans for additional relevant information.

Documentation shows attendance by new DCYF and DJJS staff at required orientations and the Academy/Institute is good. Data from STARS show that in the last fiscal year, 65% of all new CPSWs completed the Academy in the required six-month timeframe. Although the remaining 35% did not meet the six-month timeframe they did complete their training within one year. There are times when a CPSW cannot make a scheduled training. It is the expectation that if this occurs they will attend the next available regularly scheduled training.

All supervisors were in full compliance with their 30-hour annual training requirement while 70% of the CPSW staff with a year or more of service completed their 30 hours of training.

Often staff will attend training that is offered outside of DCYF but will not forward the necessary documentation to the BSDT to be entered onto their training record. This is an area that the bureau has been working closely with field staff and supervisors to improve. Training Needs Assessments and Training plans are one intervention used by the bureau to help staff identify necessary trainings, and then, develop a training plan as well as the necessary supporting documentation. This plan is then reviewed at his/her annual performance evaluation where follow-up action can be taken, if needed.

The bureau works closely with the Child Protection Administrator, her assistants and the district office supervisors to ensure staff receives the required training. The DJJS Professional Development Unit work closely with the director, assistant directors, managers, supervisors and field staff to insure staff receive the necessary training as defined by their AITP. The compliance of seasoned staff with the 30 hours per year training requirement is currently being evaluated.

To support the transfer of learning, the bureau has dedicated 18 hours of training for supervisors to improve their understanding of the concepts involved in knowledge transfer and providing them with a range of skills to use with their staff to enhance the employee's learning. Results to date show an increase in supervisory involvement with new employee curriculum. Supervisors are expressing more interest in helping to revise and develop a new CPSW curriculum as well as support attendance for all new CPSW's at the academy. More supervisors are attending the academy graduation to show their support for newly trained staff.

Interviews concerning training with DCYF supervisory staff identified two issues: their lack of information regarding the current academy training curriculum and competency based training for new hires. The lack of information was addressed by distributing an academy training outline to each supervisor while the second item remains under discussion. Supervisors have since volunteered to be on the Training Steering Committee to help increase their level of understanding of the academy and competency based training.

The mentor program, which has been in place for three years, has involved a total of 173 CPSW mentors and mentees. The most common interaction reported between the mentor/mentee is to request assistance applying their newly acquired skills, knowledge and techniques to their casework or questioning/challenging the use of their training in the day-to-day work, in general.

*Initiatives with schools of social work or other institutes of higher learning*

Students currently enrolled in an accredited BSW program are eligible for a full scholarship during their junior and senior year. Selected students must sign a contract with two principle conditions: agreeing to work a minimum of two years for DCYF or DJJS after graduation and completing an internship at a district office prior to graduation.

Employees as well as students enrolled in an accredited Masters of Social Work program may apply for full tuition assistance. Selections are made based on a competitive process. Again, successful candidates must sign a contract with DCYF or DJJS agreeing to work for DCYF or DJJS a minimum of two years subsequent to obtaining the MSW.

In 2001 and 2002 there were two participating IV-E interns at Plymouth State College. This increased to three in 2003. UNH, during the same period had six BSW and two MSW participating interns. In 2003 the UNH total increased to ten interns.

***Mechanism for linking this systemic factor to the State's efforts to conduct continuous quality assurance***

There are two mechanisms in place to link staff training to DCYF's continuous quality improvement efforts. First, the Training Steering Committee, which is being re-formed, will have a member from the Bureau of Quality Improvement (BQI) who will provide the QA input and perspective during their deliberations. Second, receipt and analysis of BQI evaluative reports, include commentary and information related to training needs, based on data collected,

practice observations and interviews completed during on-site monitoring in the district offices. BQI reports also contain and feedback from staff, clients, providers and other stakeholders.

DJJS recently hired a senior manager to oversee both the quality assurance and the professional development units. Under his direction both will be working together to integrate quality assurance and training in a seamless continuum.

### *Promising Practices*

The bureau is adapting segments of the current training curriculum to mesh more closely with practice. A current initiative is working with a group of DCYF attorneys and supervisors to create competencies and training specifically for attorneys working with the district office supervisors and their social work staff. A concrete example is training in court procedures. The training will be done as a mock trial in a courtroom for both new attorneys and field staff.

A twelve member Training Steering Committee, similar to the committee working with the College of Lifelong Learning, is being re-formed with a committed and diverse group of individuals representing various functional disciplines within DCYF and DJJS. Their purpose is to provide an outside perspective and feedback about how well the Training Bureau is meeting its mission. Committee members will be trained in the monitoring process mentioned above and monitor a minimum of one training a year per member.

## **Foster and Adoptive Family Training**

Using the following exploratory issues, assess and describe the State's capacity to provide training to foster and adoptive parents and to the staff of State-licensed or – approved child care institutions:

### ***State training plan for foster and adoptive parents and providers (new and current; provisions for pre-service and in-service training)***

The Bureau provides foster parent and provider training primarily through a contract with the College for Lifelong Learning (CLL), University System of New Hampshire. Entitled the Education and Training Partnership, foster and adoptive parents, as well as all Title IV-E eligible residential childcare staff have access to pre-service training through the delivery of Foundations for Fostering (FFF), and ongoing training through the delivery of Caregiver Ongoing Training (COT).

Developed in 1999, Foundations For Fostering (FFF) was created via an inclusive and participatory process that involved DCYF social workers; foster care workers, foster and adoptive parents, and child placing agencies as well as staff and faculty from the Education and Training Partnership . FFF consists of 21-hours of training that promotes a better understanding of working with children and families involved with DCYF. This seven-module training is geared toward prospective New Hampshire foster parents, and fulfills state training requirements.

Created in 1995, the Caregiver Ongoing Training (COT) program is a compilation of 55 different courses. A total of 19 courses are offered for college credit, and the remaining 36 courses are offered for continuing education units. All classes are free to eligible child caregivers; are competency-based; and are intended to provide caregivers with the skills and mutual support necessary to address the daily issues and challenges of working with children in placement due to abuse and/or neglect.



Aside from training provided to caregivers and providers through the College for Lifelong Learning contract, Residential/Group Home providers are also invited to attend trainings offered by NFI and DJJS.

The adoption unit requires a 24-hour pre-service training program for prospective adoptive parents. Adoption unit staff had been providing the training. In 2003 the Adoption Unit and CLL worked together to develop a competency based adoption curriculum for CLL to offer six of the eight modules. The curriculum is currently being used in draft form and will be finalized over the next year. Additionally CLL has collaborated with the adoption unit to design and implement a course entitled “Making the Transition from Fostering to Adoption” for foster parents who are considering adoption.

NH Administrative Rule, He-C 6350 Certification for Payment Standards for Residential Facilities requires a minimum of 40 hours per year of training for direct care staff. The facilities covered by this rule range from foster homes to experiential/wilderness services. The staff in these facilities are informed of and encouraged to participate in any of the trainings offered by the Education and Training Partnership through COT courses.

In addition, some service providers are also required to attend yearly training, pursuant to He-C 6352 Certification for Payment Requirements.

***Method for delivering training to foster and adoptive parents and providers (how, when, and where)***

The Education and Training Partnership has embraced various methods for delivering courses to caregivers. Traditional classroom settings do make up the bulk of the course offerings. However, courses are also offered to caregivers through a variety of distance learning methods. These methods include print-based, video-based, and online/interactive. By providing a variety of distance learning classes, caregivers are given greater flexibility in scheduling course time around family and work obligations. Distance learning allows caregivers to control the pace and, in some cases, sequencing their course work, yet the curriculum ensures a structured learning

environment. To date, an average of 12 distance-learning classes are offered to caregivers each fiscal year.

A diverse pool of instructors teaches Education and Training Partnership courses. These instructors are often community practitioners, working as social workers, therapists, counselors, educators, police officers, and foster/adoptive parents.

**Table 4 Training Cycle**

When training is delivered	Outstanding characteristics
Quarterly	Follow the College for Lifelong Learning (CLL) term; Determined through a “Block Planning” process involving all 12 DCYF Foster Care Licensing Workers as well as local foster parents.
Short Term	Course length varies between 3 and 24 hours; Most courses are between 6 and 12 hours; All training meets IV-E requirements for “short-term”; Conveniently scheduled: often nights and weekends.

To date, the Education and Training Partnership has offered training in 40 different New Hampshire towns at over 100 different locations in an effort to provide convenient access. During FY 2002, the Foundations for Fostering series were held in 18 different New Hampshire towns. During FY 2002, Caregiver Ongoing Training classes were held in 27 different New Hampshire towns.

The community classrooms and sites used by the Education and Training Partnership vary for the purposes of convenience. Office buildings, churches, community centers as well as College for Lifelong Learning regional centers and district offices are all examples of classrooms.

*Content focus (subject) and type (for example, information sharing or skill building) of trainings offered to foster and adoptive parents and providers*

**The Education and Training Partnership provides competency-based training with the goal of “enhancing the quality of care for children in placement through education of foster parents, adoptive parents and staff.”<sup>2</sup>**

This Pre-Service or FFF Training Curriculum is geared toward prospective New Hampshire foster parents, and the seven-module training fulfills state training requirements. Classes can best be described as interactive. Classes incorporate best practices regarding instruction of adult learners. The modules are:

Orientation,

Regulations,

The Impact of Trauma on Child Development,

Grief and Loss,

Sexual Abuse and Safe Environments,

Guidance and Positive Discipline,

Maintaining Family Connectedness.

The COT classes not only contribute to the development of specific skills, classes themselves offer foster parents and other caregivers a forum in which to share and learn from one another. Classes are divided into the following areas: Adolescence, Behavior Management, Child Development, Communication, Education, Families, Health, Neglect and Abuse, Self-Development and Transitions. The list of specific courses includes 55 courses ranging from “Conflict and Anger Management” for 1.2 CEUs, “School Age Child Develop” a 1 credit course, to “Espanol for Beginners” for 2.4 CEUs.

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<sup>2</sup> “Evaluating the Impact of Foundations for Fostering on New Hampshire Foster Parents” by John B. Cook and Jane M. Fletcher, College for Lifelong Learning, University of New Hampshire, 2002, page 5.

The following training is offered to staff and foster care providers to understand and address the issues facing adolescents preparing to transition to adulthood:

- Guiding Youth Through \*NH TRAILS;
- Transitions: Preparing Children, Youth and Caregivers for Placement Changes;
- The Challenging Adolescent: Strategies That Work;
- Talking with Teens about Sexuality;
- Adolescent Development;
- Connecting with Teens in Placement.

\*NH Trails (Teen Responsibility and Independent Living Skills) is a curriculum that focuses on assisting workers with youth in care, helping staff gain confidence assisting teens in practicing life skills. Topics include: personal and social growth, education and career development, and daily living skills.

These courses are all offered to both staff and providers.

*Method for determining which foster parents and providers receive which trainings (and how much)*

In July 2001 in collaboration with Fay Rubin at the University of New Hampshire's Complex Systems Research Center, the Geographical Information Systems (GIS) was used to examine the relationship between the location of foster parents and the location of trainings. This information was used for a quality assurance purposes to examine if, in fact, training is offered in the geographic areas of need. When looking at the proportions between number of foster homes and number of trainings, the results showed congruency in many locations. For example, the Keene catchment area has 10.8 % (97) of all foster homes, and 10.9% (77) of all Caregiver Ongoing Trainings (COT) have been offered within that catchment. For the majority of the twelve district offices, there appears to be a good match between the number of foster homes, and the number of trainings offered. There are catchments where the proportion of homes to training is skewed. For example, the Manchester catchment has 8.1% (73) of foster homes, yet 12.9% (91) of all COT trainings. On the other hand, the Salem catchment holds 7.1% (64) of all foster homes, yet has hosted only of 2.6% (18) of all COT trainings. As of July 2001, there were 58 New

Hampshire towns with at least five foster homes. These statistics point at the many “market” forces at play with respect to offering training statewide to foster parents.

The Education and Training Partnership has numerous methods in place to determine which foster parents and caregivers receive which training. Since the inception of the Education and Training Partnership caregiver training in 1995, registrations for every Education and Training Partnership class (pre-service and in-service) have been entered into the College for Lifelong Learning student database system entitled *BANNER*. Based on individual social security number, a report can be generated for each individual. It documents which trainings have been completed, the grade for the course, if applicable, the name of courses completed, and the length of the course. Caregivers themselves can retrieve and track their own individual training record (via *BANNER*) online through <http://www.cll.edu> enter their social security number, and can view and print their training record as needed. Foster parents are also encouraged to provide hard copies of their training records to their foster care licensing workers or update the DCYF training record form.

Additionally, tracking systems have been created for specific training areas. All prospective foster parents taking Foundations for Fostering modules are tracked. Often individuals need multiple terms to complete required training. The FFF tracking system enables DCYF and the individual to have an accurate record of which modules have been completed. Likewise, individuals enrolled in the Specialized Foster Care training series are tracked. DCYF and individuals have access to accurate records.

Training offered at residential/group home facilities is also tracked. To date, a total of 74 COT classes have been offered in a total of 16 different IV-E eligible residential/group home facilities (1999-2002). Of these classes, 45 were specifically requested by the facility. A total of 712 caregivers registered for these classes.

*Process for determining whether the trainings offered address the needs of foster and adoptive parents and providers, including identifying the need for additional training*

The Education and Training Partnership completed an initial State-wide Needs Assessment in 1996. That study focused on regional training needs using survey research methodologies. In addition, the perspectives of social workers and foster parents were included.

The Education and Training Partnership conducts ongoing needs assessments through a variety of methods:

- Visits to Local/Regional Foster Parent Support Groups;
- Training Participants – Comments and Need Identification;
- Regular Contact with the Education and Training Partnership Steering Committee;
- Regular Contact with State Foster Care Licensing Workers;
- Regular Contact with State Adoption Workers;
- Training Instructors - Comments and Need Identification.

Additionally, specific training requests received by the Training Bureau from foster and adoptive families are addressed through various one-day trainings as well as the annual DCYF conference.

*Process for developing, evaluating, and updating the training curriculum for foster and adoptive parents and providers*

The Education and Training Partnership curriculum development for foster care is a three-phase process:

**Phase I – The Request and Approval:**

- Foster parents, residential staff, DCYF staff, Education and Training Partnership instructors, or Education and Training Partnership staff completes a course request.
- The curriculum manager presents a summary of learning outcomes to the Education and Training Partnership Steering Committee.

- The Education and Training Partnership Steering Committee, with the approval of the DCYF Training Administrator, determines if the course request fits with existing competencies and makes a decision whether or not to approve the course.

### **Phase II – Curriculum Development Foundation:**

- A qualified instructor is chosen to develop the course.
- The instructor receives a list of competencies and a CLL course development process book.

### **Phase III– Curriculum Development Writing:**

- First draft is reviewed for course content and format (Are all the sections included? Are the outcomes measurable?)
- Additional drafts are reviewed by staff and the CLL Curriculum Committee (for credit courses only).
- The instructor incorporates the feedback and a final draft is developed.

The development and maintenance of curriculum are key efforts of the Education and Training Partnership . Revising and updating courses, both credit and non-credit courses, is a continuous processes. At the same time, new courses and curriculum continue to be created.

The adoption training curriculum is based on the Spaulding Resource Center for Special Needs Adoption in Michigan. Participant evaluations for each training session are reviewed and the information used to improve specific courses.

*Process for ensuring that the State's trainings for staff, foster and adoptive parents, and providers convey the same messages and practice principles, and encourage staff, parents, and providers to work in partnership.*

A crucial aspect involving the use of competency-based curriculum is actual implementation. Differences or deviations in the presentation of curriculum is a possibility, and can impact on the overall benefit of participant training. Consistency and uniformity in the presentation of

statewide curriculum can be a challenge. In response, the Education and Training Partnership undertakes in-class observation, or monitoring to determine the extent to which a curriculum is universally presented via structured observation and data collection. Monitoring can assist in determining whether training is consistent by documenting the presentation of learning objectives, the type of training climate and learning interaction between instructor and learner, and finally the type of teaching methods utilized.

The Education and Training Partnership has either established or is engaged in the following activities as a means to ensure that the same messages and practice principles are promoted: training liaison attendance at district office staff meetings, team building at monthly meetings and the Education and Training Partnership's annual retreat, and sharing trainings with DCYF and DJJS staff.

Both the Education and Training Partnership and Staff Development have Steering Committees whose members include staff, and providers. One of the goals for each committee is to ensure the consistency in message and practice principles.

***Lessons learned about foster and adoptive parent and provider training during the Statewide Assessment focus groups, interviews, and consultations.***

Foster and adoptive parents are highly motivated in pursuing training; much more so than residential facility staff. Also, more training for foster parents in specific geographic areas and subjects emerged such as sign language, CPR, adolescent sexual behavior and general items related to re-licensure.

***Quality and effectiveness of the foster and adoptive parent and provider training***

The Education and Training Partnership has established a quality assurance system. Data regarding program efficiency and effectiveness are collected and analyzed on six different program domains: Delivery, Instructors, Curriculum, Marketing and Outreach, Structure and Operations, and Training Needs Assessment.



The information collected in the above domains culminates in the development and publication of an annual ‘Education and Training Partnership Year In Review Report’, at the end of the state fiscal year.

In addition to the above activities, the Education and Training Partnership also engages in formal programmatic evaluation using a variety of social science methodologies. For example: ‘Evaluating the Impact of Foundations for Fostering on New Hampshire Foster Parents’ examines how prospective foster parents completing the 21-hour pre-service training program, Foundations for Fostering (FFF) are affected by the training. The FFF program was evaluated to determine if prospective foster parents (N = 41) reported feeling more knowledgeable, confident and prepared for fostering as a result of training. Additionally, the impact of pre-service training on participants (N = 13) who became licensed and had a placement three-months post-training was also examined. Results indicate that FFF training contributed to the knowledge base of prospective foster parents, enhanced feelings of preparedness and confidence, and FFF training served as a useful resource that participants drew upon with initial foster placements.

#### *Promising Practices in this Area*

In November 2002, the NH Partners in Services Training Subcommittee and the Education and Training Partnership met to develop a ‘stakeholder’ perspective on priorities for a residential childcare worker-training curriculum. The Education and Training Partnership staff has since met to review the initial draft materials and begin to develop learning outcomes for a “pre-service”, or “introductory” training curriculum. Those discussions are ongoing. Other promising practices include:

- Online course registration for caregivers;
- Online access to individual caregiver training records;
- Online/interactive courses for caregivers;
- College credit classes available to caregivers at no cost;
- Use of foster parents as instructors/co-trainers;
- Use of community practitioners as instructors/co-trainers;

- Use of a University Partnership to deliver caregiver training.

### **Costs and funding streams**

When the Federal representatives informed DCYF that the agency needed to apply a Title IV-E penetration rate or some other reasonable method of distributing the costs of our training programs between all benefiting programs, DCYF conducted an in-depth analysis of training contracts. Staff Training and Development Bureau and the DCYF Fiscal Bureau examined the goals and objectives of each training program to match those goals and objectives to the various federal funding sources eligibility criteria. Criteria from Title IV-A, Title IV-B, Title IV-E, Medicaid and Adoption Incentive funds were utilized to accomplish this.

DCYF established a cost allocation plan distributing the expenses between the above-mentioned Federal programs and State general funds based upon the benefiting programs. That is, if a training contract met the Title IV-E criteria, DCYF applied the Title IV-E penetration rate and charged Title IV-E the appropriate amount. The agency then examined other benefiting Federal programs and distributed the remaining Federal portion between those programs based upon how much of the training program addressed that Federal funding source's criteria. If a particular training program did not meet any federal criteria those costs were allocated to 100% State general funds.

Based upon this cost allocation method, Title IV-B funds provided for approximately 16.7% of the total costs for DCYF/DJJS training initiatives during FY04. Please see the attachments for the table below illustrating the breakdown of training expenses and funding streams that supported training.

## **XI. Evaluation and Technical Assistance related to any goals or objectives in the plan.**

Progress on all objectives and action steps will be conducted through the DCYF Bureau of Quality Improvement, utilizing the following mechanisms:

### **A. Case Practice Review (CPR)**

As a direct result of NH's participation in the CFSR, the Bureau of Quality Improvement (BQI) in collaboration with other Division for Children, Youth and Families (DCYF) and Division for Juvenile Justice Services (DJJS) bureaus and top management restructured its case review system.

Broadly conceived, the Case Practice Review's (CPR) purpose is to develop, analyze, and disseminate reliable and timely information about the status of child welfare, child protection, and juvenile justice in each of the twelve district offices based on how DCYF responds to the safety, permanence, and wellness of children and families referred for service. This includes providing performance data to managers, staff and a variety of stakeholders. Using the performance data, BQI works with the appropriate partners to incorporate these data into quality improvement initiatives, public reports, funding proposals, and specific initiatives such as the Program Improvement Plan (PIP).

The combined sample from the first five offices is approximately equal to the number of cases the Administration for Children and Families (ACF) reviewed during the CFSR. The cases reviewed during the initial phase of the CPR process represent more recent practice in each of our diverse environments, urban (Nashua), rural (Littleton, Conway and Berlin) and suburban/rural (Claremont).

BQI reviews one of twelve district offices every other month, completing the cycle over a two-year period. The two-year CPR schedule was developed in collaboration with the Child Protection Administrator and Juvenile Justice Field Services Manager so that workload, staffing, size of office, region in the state and implementation of office-specific or regional initiatives were considered and balanced. Two of the three district offices reviewed in the June, 2003 CFSR Onsite Review were placed at the end of the two-year schedule. The largest urban office, Manchester, will be reviewed more frequently and thus is scheduled for review in 2004 and annually thereafter if resources allow.

In addition to these reviews, the bureau plans to examine and report on specific program areas, such as Central Intake, Interstate Compact on the Placement of Children (ICPC), adoption, assessment and foster care in more detail.

The CPR follows the federal review process for case reviews including: case selection criteria; two person peer review teams working a week on-site; the review process being led by a BQI Quality Assurance/Quality Improvement site team; using information from both paper and electronic records as well as interviews; recording the data on the CFSR Onsite Review Instrument, which has been modified to reflect NH practice.

The on-site schedule includes all the elements of the CFSR case review process as well: introductory and exit conferences, case specific record reviews, interviews with required stakeholders, QA/QI checks and full team debriefings prior to rating the outcomes and related items for each case.

The new case review process meets the Council on Accreditation (COA) criteria for peer review by including CPSWs and JPPOs as well as supervisors and state office staff as reviewers. The review is open to all staff of DCYF and DJJS, including administrative staff such as attorneys and support personnel. In addition, community stakeholders are invited to participate. The BQI administrator makes the final selection of stakeholder reviewers in consultation with division leadership. Staff reviewer selection is voluntary with participation at the supervisor's discretion.

Reviewers attend a full-day training session, which is held quarterly so that a pool of trained reviewers is available for each review.

The review process begins when BQI selects a random sample of cases (following the CFSR criteria and process). Each sample includes Child Protective Service (CPS) cases, both in-home and placement, Juvenile Justice Service (DJJS) cases, and shared cases that involve both DCYF and DJJS. BQI randomly sends the list of sample cases to the CPS and DJJS district office supervisors who check the list for accuracy and select cases starting at the top of each list. Cases are excluded only with the concurrence of the BQI administrator and the respective CPS or DJJS administrator. This process generally involves verifying whether each case was actually assigned to the office, and whether the family situations are appropriately categorized as a CPS in-home or placement case, a DJJS placement case, or a shared case. The district office is also responsible for scheduling interviews with clients and stakeholders from each family's case. Once the cases are confirmed, the CPSWs or JPPOs print documents from Bridges to facilitate the on-site review process.

The case review begins with introductions at the respective district office, a meeting with district office staff, and a review of the schedule. After this session, the site leaders provide each team their Onsite Review Instrument with basic demographic information pre-filled. Like the CFSR, the reviews extend beyond the information available in the case record and include staff, client, and stakeholder interviews arranged by each district office.

At the end of the on-site review, BQI shares the preliminary results with all the district office staff at an exit conference that captures both strengths and areas needing improvement.

In addition to the on-site case review process, a member of the BQI staff also facilitates a community-based stakeholder focus group for the office's catchment area. The focus group includes individuals involved in efforts to address the safety, permanency and well-being of children and their families. Focus group questions address the effectiveness of DCYF and related agencies regarding of the service array and resource development systemic factor from the CFSR while gathering information relevant to the Title IV-B Child and Family Services Five

Year Strategic Plan. Examples of areas discussed are prevention, in-home services, effective reunification/permanency, supporting independent living efforts, and success in adoption. Other questions focus on community based perceptions of access to services, how services can be tailored to meet individual needs, and barriers to essential local supports identified as necessary for a child's and his/her family's safety, stability and wellness. A final component of the focus group is identification of existing groups or organizations that address both building local services and access to those services. The purpose for this action is to strengthen the link between the district office program management and those organizations to enhance DCYF's and DJJS's responsiveness to the community.

Invited participants include those suggested by the district office supervisors and representatives of the DCYF Advisory Board, the Child Welfare Advisory Board (related to Title IV-B Safe and Stable Families Grant) and the Citizen Review Panel (related to CAPTA) who live in the area served by the respective district office. The group includes up to twenty people from the community but CPS and DJJS direct service staff and supervisors are not included to promote uninhibited responses from attendees. The Department of Health and Human Services district office program manager has been invited. A scripted set of questions is used which are drawn from the CFSR Stakeholder Interview Guide section pertaining to Items 35 and 36 of the Service Array and Resource Development Systemic Factor. These items were selected because they are Areas Needing Improvement (ANI) in the CFSR Final Report. The participants' responses are drafted for each question and incorporated into the final CPR report.

Following the on-site review, BQI develops a confidential detailed report, which follows the format of the ACF CFSR Final Report, for each district office. The report explains the findings of the case reviews, includes the report of the community-based stakeholder focus group, includes item specific observations when relevant, and will include the District Office Data Profiles (including DO specific data on the six National Standards) which are scheduled for development by the beginning of state fiscal year 2005.

Each of the 23 items is rated as a Strength, Area Needing Improvement (ANI) or Not Applicable (n/a). Item(s) for which 85% of the cases were rated as Strengths will not require a Practice

Improvement Initiative (PII), consistent with the CFSR threshold. However, cases that are currently open may require case specific action to remediate any ANI item(s) or an updated status report from the supervisor explaining current work to address the ANI. Those items below the 85% threshold are divided into two groups. A PII will be required for those items for which two or more cases are rated ANI. The PII will be developed using the NH PIP template. For those items in the agency-wide PIP, the PII will be integrated into the agency wide PIP. For items not in the PIP, development of action plans, reporting and benchmarking will be similar.

The specific use of these data will be included in the technical assistance from the National Child Welfare Resource Center on Organizational Improvement. However, item(s) with only one ANI case will only require a PII if BQI, program administrators and supervisors agree that the case is a marker for an office wide challenge requiring an office specific plan of action. Otherwise, if the case is currently open, it will require case specific action to rectify any ANI item(s) or an updated status report from the supervisor explaining current work to regarding the ANI. With the concurrence of the CPS administrator or DJJS field supervisor BQI will accept this ongoing casework in lieu of a new case specific plan of action.

Each of the seven outcomes is rated as Substantially Achieved (SA), Partially Achieved (PA), Not Achieved (NA) or Not Applicable (N/A). Outcomes rated, as Substantially Achieved for 90% or more of the cases will not require a PII, consistent with the CFSR criteria. Those outcomes below the 90% threshold, consistent with the logic for the respective items will be divided into two groups. A PII will be required for any outcome in which two or more cases were not Substantially Achieved. However, outcomes with only one case PA/NA will only require a PII based on the same criteria applied to the items above.

Once the district office report is finalized, BQI works with the responsible managers, supervisors, administrators, program specialists and CPSWs/JPPOs to facilitate that district office's PII. The PII, which is the responsibility of the district office supervisors to develop, implement and report on quarterly, includes specific action steps with benchmarks.

## **B. Structured-Decision Making (SDM)**

DCYF contracted with the Children's Research Center (CRC) to develop and implement a Structured Decision Making system. Per CRC, the principles behind SDM are that case practice decisions can be improved by:

Clearly defined and consistently applied decision making criteria;

Readily measurable practice standards, with expectations of staff clearly identified and reinforced; and,

Assessment results directly affecting case and agency decision-making.<sup>3</sup>

DCYF's goals for SDM were to reduce the incidence of child maltreatment through enhanced assessment and targeted levels of intervention and services, to expedite decisions and to achieve timely permanency for children who reside in out-of-home care as well as to improve the consistency of both case decisions, case planning and the delivery of services for those families who are referred to DCYF.

In December 2001, DCYF initiated its Structured-Decision-Making system, a model within Bridges, NH's Statewide Automated Child Welfare Information System (SACWIS), for the Central Intake office and the assessment staff throughout the state.

A few months later in March 2002, SDM was fully implemented for the family services staff in each district office. CRC's role in the implementation of SDM was to provide data and quarterly management information reports throughout 2002.

The components of DCYF's SDM system, the decision each tool is designed to guide and the timeframe in which each is completed by, are identified in Table 1.

See the table of Structured-Decision-Making tools, the purpose and time frame for completion of each on the next page.

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<sup>3</sup> National Research Center, The Children's Research Center website: [www.nccd-crc.org/crc/c\\_sdm\\_about.html](http://www.nccd-crc.org/crc/c_sdm_about.html)



**Table 5: SDM Tools**

TOOL	TYPES OF REFERRAL(S)/CASES	RESPONSIBLE STAFF PERSON(S)	DECISION	TIME FRAMES FOR COMPLETION
Neglect Screen-In	All credible referrals	Intake CPSW	Determines whether the referral meets criteria for child abuse and neglect assessment	Within 24 hours, excluding holidays from receipt by Intake.
/	All credible reports accepted for assessment, including new credible reports on open cases	Intake CPSW	Guides how quickly an assessment must be initiated	Within 24 hours, excluding holidays from receipt by Intake.
nt	All child abuse and neglect assessments, including assessments on new referrals received on open cases, and any case in which a new Safety Assessment is warranted	Assessment CPSW*	Guides decisions about whether a child may remain in the home or should be removed, and if a child can be returned to the home	Within 24 hours of first face-to-face contact with alleged child victim.
essment of Abuse	All child abuse and neglect assessments, including assessments on new referrals received on open cases	Assessment CPSW*	Determines the likelihood of future child maltreatment; establishes the basis for differential service standards	No later than 60 days from receipt by Office.
uidelines Matrix	All initial child abuse and neglect assessments	Assessment CPSW	Guides the decision to close or open the assessment for ongoing services.	No later than 60 days from receipt by Office.
and Needs al)	All initial founded child abuse and neglect assessments, including founded assessments on new referrals on open cases	Assessment CPSW*	Determines the priority strengths and needs of each family that must be addressed in the Case Plan	No later than 60 days from receipt by Office.
idelines	All cases opened for Family Services	Family Services CPSW	Determines the minimum number of contacts with the child(ren) and family.	Upon receipt of the case in Family Services throughout the life of a case as risk level
Status	All Family Services cases	Family Services CPSW	Documents service referrals that address the identified priority needs of the family and tracks the status of each service throughout the life of the case.	Within 30 days of assignment to a Family Services CPSW; and in conjunction with each and Needs Review as service needs change
iew	All Family Services cases where all children are in the home (in-home)	Family Services CPSW	Guides decisions about whether to close a case or keep a case open.	For court cases: 90 days following disposition and every 3 months thereafter; For non-court cases: 90 days following Voluntary Service Agreement, and every 3 months thereafter; Prior to closing any case.
tion Review	All Family Services cases where <i>any</i> child is in out-of-home placement	Family Services CPSW	Guides decisions about reunification and permanency plan goal recommendations.	90 days following disposition and every 3 months thereafter, and any time a child is being considered for return home.
and Needs	All Family Services cases (in-home and placement cases)	Family Services CPSW	Assesses changes in family strengths and needs and whether changes to the Case Plan are required.	For placement cases: 90 days following disposition and every 3 months thereafter in conjunction with Reunification Review. For all in-home cases: 90 days following disposition or the date of the Voluntary Service Agreement and every 3 months thereafter, in conjunction with Risk Review Prior to closing any case.

Currently DCYF is focusing on five principle areas:

- The review and integration of SDM policies and procedures into existing DCYF policy in a more seamless way;
- The review and updating of the integration of the SDM tools into Bridges, NH's SACWIS system, as well as improving the SDM user interface for DCYF staff;
- The identification of current SDM related training and technical support needs with supervisors and administrators;
- The delivery of the needed training and technical assistance using both the DCYF Staff Development and Training Bureau (SDTB) and the Children's Research Center (CRC); and,
- The development of periodic management reports that reflect district office practice as well as provide information regarding SDM's impact on case practice and case planning.

The periodic management reports described above will provide the means to evaluate aspects of DCYF interventions and decision making addressed by the Five year Strategic Plan, including:

- Community based supportive services introduced to the family during the assessment phase,
- Involvement of families in voluntary services (Comprehensive Family support),
- Concurrent risk and safety factors such as domestic violence, substance abuse, and mental health issues, and
- Safety plans implemented at the time of case closure.

### **C. Permanency Planning Teams (PPT)**

As presented in this plan, Permanency Planning Teams (PPT) are being established in each district office. Each PPT is comprised of the same core group of staff: the Permanency CPSW, Foster Care CPSW, Adolescent CPSW, Administrative Case Reviewer and a supervisor. Other PPT participants, depending on the case, could include the Foster Care Health Program nurse, other specialists such as the domestic violence program specialist (DVPS), the licensed alcohol and drug abuse counselor, and/or Juvenile Probation and Parole Officer (JPPO).

The strength of the PPT is derived from the ongoing consultation and cooperative case planning among the team members lead by each case's primary CPSW whomever that is.

Two other initiatives that compliment the new staffing and new PPTs, are that a Permanency Supervisor has been hired to oversee the training of and successful implementation of each district office's PPT, and a Permanency Team Steering Committee (PTSC) is just being established to develop policy, define roles and responsibilities, resolve barriers and provide a forum to resolve any issues the district office PPTs may be facing. The PTSC will be comprised of Foster Care, Permanency and Adolescent CPSWs, Foster Care Health Program nurses, JPPOs, district office supervisors, and the Permanency Supervisor.

#### **D. Administrative Case Reviews**

Administrative Case reviews are held every six months with parents, foster parents CPSWs, and other essential advocates and treatment providers when children are in temporary out of home care, and under the supervision of DCYF or DJJS. These facilitated meetings review family centered case planning focused on prompt resolution of the child's out of home care situation, with particular attention to the child's ongoing safety, permanence, and well-being. Monthly and quarterly Administrative Case Review reports of information retrieved from case-specific Administrative Case Review data that addresses, not only these safety, well-being and permanency planning issues, but also involvement of the parents and other key participants in the case plan.

#### **E. Monthly Division Benchmark Reports and Data Profiles**

Department wide benchmark reports will include the CFSR national standards updated on a quarterly basis as part of the State Data Profile.

Data Profiles that include statewide division-specific (DCYF and DJJS) profiles based on a rolling 12-months of data and are produced on a quarterly basis. District office data profiles that include division-specific profiles and are also based on a rolling 12-months of data are scheduled for quarterly reporting beginning with SFY 2005.

## **F. Technical Assistance**

DCYF presently has a number of initiatives that establish benchmarks and practice issues on both a statewide and a local district office level ([See Evaluation and Technical Assistance](#)).

DCYF will coordinate technical assistance from in state resources that include:

- Dartmouth Hitchcock Medical Center
- NH Children's Trust Fund
- University of New Hampshire:
- School of Social Work
- Family Research Lab, and
- New Hampshire Greenbook demonstration addressing Domestic Violence.

Out of state sources of technical assistance will include:

- US DHHS Administration for Children and Families
- Division of Tribal Services
- National child Welfare Resource Center for Organizational Improvement
- National Center on substance Abuse and Child Welfare
- National Abandoned Infants Resource Center
- National child Welfare Resource Center for Family-Centered Practice
- National Resource Center or Community-Based Family Resource and support (FRIENDS)
- National Resource Center for Foster Care and Permanency Planning
- National Resource Center for Information Technology in child Welfare
- National Resource Center for Special Needs Adoption
- National Resource Center for Youth Development
- National Resource Center on Child Maltreatment
- National Resource Center on Domestic Violence

## **Division for Children, Youth and Families Strategic Plan, 2004-2009.**

Child Welfare and Child Protection are human service endeavors that require continuous self-assessment, critical review, and adaptation to new understandings of Best Practice, legal mandates and collective social need. The DCYF strategic plan presents the direction that we believe will accomplish this continuous process.



A vital part of this five-year plan is the Agency's Program Improvement Plan, the result of New Hampshire's Child and Family Service Review (CFSR). During June 2003, both DCYF and DJJS completed the CFSR highlighted by onsite assessments completed during the week of June 9 through June 13. The CFSR process included case record reviews, focus groups, and interviews of family members, DCYF & DJJS staff, and community partners and stakeholders. The CFSR resulted in a statewide Program Improvement Plan, or PIP, which will focus on case practice and systemic improvements changes we needed to make to improve performance on national standards and outcomes identified during the CFSR. In text boxes, and in specific action steps, key points from the PIP are incorporated into the Five Year Child And Family Service Plan that follows. Moreover, the five Year Plan is presented in a way that is consistent with fundamental goals of the PIP: to optimize outcomes of the safety, permanence, and well being that is the right of every child served, and supported by the specific systems that contribute to these three fundamental goals.

## **Safety**



**Goal A: Protect children from abuse and neglect.**

**Objective 1: Assure optimal staffing.**

***P1.6.B: Improve the agency's capacity to meet the needs of children by reducing caseloads. (PIP: WB1.19.A)***

Action step a: Using Council On Accreditation (COA) guidelines, the Bureau of Quality Improvement will work with the Child Protection Administrator to achieve and maintain COA recommended staff levels.

Action step b: Using research based staffing standards; DJJS Field Service Administrator will establish and meet workload guidelines for DJJS staff.

Action step c: Using ABA guidelines as a reference, the Child Protection Administrator and the DHHS Chief Legal Counsel will establish and achieve available legal staff.

Action step d: The Child Protection Administrator will work with the DHHS director of Administration to establish and meet appropriate levels of support staff in each district office.

**Objective 2: Enhance the decision-making ability of staff to assess safety and future risk of harm to children from onset of DCYF involvement and on continual basis throughout duration of involvement.**

***Program Improvement Plan S2.3.A: Safety issues will be addressed through comprehensive and thorough assessments.***

Action step a: Utilizing involvement of field CPSWs and supervisors, establish an ongoing process to evaluate the meaningful application of Structured Decision Making in the intake, Assessment, and Family Services stages of DCYF involvement with families.

Action step b: The Bureau of Quality Improvement and the Child Protection Administrator will ensure the involvement of organizations and individuals with recognized expertise specialized fields such as in domestic violence, substance abuse, sexual abuse, and behavioral health when evaluating and updating Structured Decision Making.

**Note: Domestic violence, also known as “domestic abuse” and “intimate partner violence,” is the establishment of control and fear in a relationship through the use of violence and/or other forms of abuse. The batterer may use physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and child abuse and/or neglect of children to control his intimate or former intimate partner. Domestic violence may differ in terms of the severity of abuse, but gaining and maintaining control is the primary goal of batterers. Domestic violence occurs in heterosexual, gay and lesbian intimate relationships, all ethnic and racial groups, and among all socio-economic and educational levels. (State of NH, Governor’s Commission on domestic and Sexual Violence, Office of the Attorney General’s NH DCYF Domestic Violence Protocol, 2004)**

Action step c: Develop and provide semi-annual reports that address utilization and application of Structured Decision Making, and how this implementation effects DCYF performance relative to national CFSR standards.

Action step d: Structured Decision Making reports on current use of SDM tools will be provided to supervisors at Leadership meeting. (*Adapted from PIP S2.3.B*)

<p><b><i>PIP S2.3.B: Structured-Decision-Making (SDM) is used where it should be, how it should be and at key intake and assessment decision points.</i></b></p>
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**Objective 3: Assure clinical efficiency of outcomes.**

***PIP S2.4.C Regular and ongoing review of practice issues relative to assessment and family services scheduled.***

Action step a: The Child Protection Administrator, Clinical Administrator, and Bureau of Quality Improvement Administrator will provide ongoing supervision of utilization of decision making tools and processes used by staff in making clinical judgments.

Action Step b: Utilizing case record reviews and on-site observations, the Child Protective Services Administrator and Assistant CPS Administrators will ensure that CPS supervisors promote CPSW interventions that are consistent with timeliness of investigations, agency mandates, and the agency mission.

Action step c: Through case supervision, reviews of record documentation, and consultation with community stakeholders, CPS supervisors will ensure that CPSWs are engaging in meaningful contact with professionals and other individuals who are co-involved with children and families referred to DCYF for assessment.

Action step d: DCYF Administration for child protection will implement a process in which (1) Promising case practices and (2) practice issues are reviewed during the Case Practice session of each month's Leadership meeting for problem-identification and resolution. *(Adapted from PIP S2.4.C.1)*

**Objective 4: Increase availability of specialized service providers to all areas served by DCYF.**

Action step a: Utilizing methods such as CPSW surveys, reports from Structured Decision and Administrative Case Reviews, and Case Practice Reviews, the Family and Community Services Administrator and CPS Administrator will identify, by district office, specialized services needed by children and families, including: substance abuse councilors, dentists, mental health professionals, and practitioners who work in batterer intervention and with sex offenders. *(Adapted from PIP: WBI.17.F)*



Action step b: Utilizing resources such as an inventory of certification requests maintained by state office and monthly report outlining status of applications for certifications to be developed, the Quality Improvement Administrator and Fiscal Services Administrator will identify and enroll as DCYF providers, specialists in areas identified in action step a. (*Adapted from PIP: WBI.17.F.1*)

Action step c: By June 2004, the DCYF Fiscal Services Administrator in collaboration with the Certification Program Specialist will implement a workgroup for the purpose of reviewing the provider certification process, as well as barriers to timely certification identified. This workgroup will identify, develop and implement and corrective action plans targeting barrier resolution to certification. (*Adapted from PIP: WBI.17.F.1.a*)

Action step d: By 8/31/2005, the DCYF policy Bureau Program Specialist will draft, and distribute approved policies and administrative rules addressing certification of providers, including requirements for those providers to maintain practice that is consistent with DCYF Best Practice, DCYF Protocols on Law Enforcement, Sexual Assault, and Domestic Violence. (*Adapted from PIP: WBI.17.F.1.c*)

**Objective 5: DCYF will incorporate consistent child safety and risk assessment tools into interventions and services related to ChiNs and Delinquency. (Adapted from PIP S2.4.D)**

Action step a: DJJS will review statewide data for patterns of risk and protective factors. (*Adapted from PIP S2.4.D.1.a*)

Action step b: DJJS will develop guidelines, policy, and supervision plan format. (*Adapted from PIP S2.4.D.1.b*)

Action step c: Utilizing DHHS and other state and federal sources for technical support, DJJS will integrate a comprehensive Risk/Needs Assessment into the State Automated Child Welfare Information System (NH Bridges). (*Adapted from PIP S2.4.D.1.c*)

**Objective 6: Improve statewide agency performance on CFSR National Standards that measure safety.**

***PIP S2.3.D: CPS and Legal Services Administrator to work with Court Improvement Project administrator to assess and address reasons for delays in adjudicatory hearings which can result in delayed access to services.***

Action Step a: Through the Court Improvement Project 2003-2006, the Child Protection Administrator and the Bureau for Quality Improvement Administrator will research and report on the factors causing delays in court hearings.

- Court files and stakeholder surveys which will include judges, DCYF and DJJS staff and supervisors will provide data for this assessment. (*Adapted from PIP S2.3.D*)

Action Step b: Through the Court Improvement Project, the NH Family/District Court system, DCYF, & DJJS will develop and will act on recommendations to address delay issues identified in Action step a by 12/30/05.

Action Step b: DCYF will institute practices that address regular evaluation and reporting on the tools and processes in place that assist essential interventions and case related decisions.

**Objective 7: Continue to inform public and maintain awareness regarding child abuse and neglect and DCYF interventions.**

Action step a: Utilizing Speakers Bureau and other formal HHS processes, maintain regular public education campaigns that address community responsibility to respond to child abuse and neglect.

Action step b: DCYF will coordinate and launch a public information campaign about BRIDGES confidentiality, and how confidentiality measures preserve family privacy.

**Goal B: Assist and support families in their efforts to maintain safety for themselves and their children in their own homes and communities.**

***Special consideration: Objectives and action steps that follow in this section are designed to ensure that specific individuals and families referred to DCYF can access supports and preventive services that resolve their particular needs.***

**Objective 1: In DCYF interventions, expand public access to services that prevent child abuse and neglect.**

***Improve array of and staff's knowledge of prevention services. (PIP S2.3.C)***

Action Step a: DCYF will increase training and awareness building to ensure that field staff and supervisors have essential knowledge about community resources recognized as effective in primary and secondary child abuse/neglect prevention.

**Note: Primary prevention is defined as both the prevention of disease before it occurs and the reduction of its incidence. In the context of child abuse, primary prevention is defined as any intervention designed for the purpose of preventing child abuse before it occurs. This definition encompasses what some authorities have defined as secondary prevention.**<sup>4</sup>

**Secondary Prevention activities [are] designed to intervene when risk factors or early indicators of substance abuse, such as marital strife or poor school performance, are present. This also refers to prevention strategies designed to lower the rate of established cases of a disorder or illness in the population (prevalence).**<sup>5</sup>

Action Step b: DCYF will develop policies that promote access to community based resources to support family members and prevent child abuse/neglect.

Action Step c: DCYF will engage with community resources recognized as effective in primary and secondary child abuse/neglect prevention, in order to design and produce protocols that increase access to essential supportive services by individuals identified by DCYF.

<sup>4</sup> MacMillan HL, MacMillan JH, Offord DR, Griffith L, MacMillan A. Primary prevention of child physical abuse and neglect: a critical review. Part I. J Child Psychol Psychiatry 1994;35(5):835-56

<sup>5</sup> [http://preventionpartners.samhsa.gov/resources\\_glossary\\_p2.asp](http://preventionpartners.samhsa.gov/resources_glossary_p2.asp)

Action step d: DCYF supervisors will ensure that policies and protocols addressing access by families to prevention services are being followed.

Action step e: Through NH BRIDGES, and Structured Decision Making Screens, establish reports that document the number of families referred to DCYF who are linked with local family resource and support programs.

Action step f: Through scheduled case reviews conducted at monthly Leadership meetings, the CPS Administrator and CPS Assistant Administrators will:

- Identify parents who present specific contact challenges for establishing a schedule of visits, e.g., second or third shift jobs, incarceration, frequent moves, homelessness, unclear immigration status,
- Review policy and training that addresses visitation and client contacts and
- Develop case-specific strategies that result in the ability to maintain predictable and frequent visitation and contact strategies. (*Adapted from PIP: WB1.20.B*)

**Objective 2: Enhance community array of services available to each family in order to maintain children safely in their own home.**

Action step a: DCYF will engage with community resources recognized as effective in primary and secondary child abuse/neglect prevention, in order to design and produce protocols that increase access to essential supportive services by individuals identified by DCYF.

Action step b: Utilizing existing community initiatives such as “wraparound”, increase collaboration to address family specific situations.

**Objective 3: Create and maintain an ongoing update statewide inventory of existing critical community based services.**

Action step a: The Bureau for Quality Improvement Administrator and the Family and Community Services Administrator will identify service and access gaps using available community resources such as forums, family surveys, and complaint forms.

Action step b: In consultation with the Family Resource Connection, and NH Helpline, the Bureau for Quality Improvement Administrator will incorporate information from action step a, and other key information about community based resources, into a statewide computerized resource.

Action step c: DCYF will research and promote computerized access by DCYF to a resource guide regarding community-based services.

**GOAL C: Enhance families' abilities to be advocates for themselves and their children.**

**Objective 1: Continue to support positive family strengthening through local family resource and support programs.**

Action step a: Using the contracting process, the Bureau for Quality Improvement Administrator and the Family and Community Services Administrator will encourage consistent assessment and reporting about: people who access services, evidence of involvement in programs offered, and evidence of effectiveness of those programs.

Action step b: The Family and Community Services Administrator will promote statewide use of consistent evaluation outcome tools to track outcomes from all family resource and support programs.

Action step c: Using annual reports incorporating the evaluation measures designed through action step b, DCYF will engage in a statewide public awareness and education program about local family resource and support programs.

**Objective 2: Increase the partnerships between DCYF staff in the district offices and the local family resource and support programs.**

Action step a: The DCYF Child Protection Administrator, the DJJS Field Service Administrator and the Family and Community Services Administrator will ensure all CPSWs and JPPOs are familiar with local family resource and support programs and the DCYF Voluntary Services Policy.

Action step b: The Family and Community Services Administrator and the Bureau for Quality Improvement will Engage local family resource and support programs in helping families access Voluntary Services, in ways that meet safety, stability and well being of children.

## **B. Permanency**



**GOAL A: Decrease the average length-of-stay and the number of placements for children who are in temporary out of home care.**

See also, [Case Review- Goal A](#); [Service Array-Goal B](#).

**Objective 1: Ensure simultaneous attention to concurrent reunification and permanency plans, to reduce barriers to permanency for children.**

*CPSWs specializing in permanency-related issues and CPSWs specializing in adolescent-related issues will be added to each D.O. A "Permanency Planning Team" (PPT) will also be added as a function of each D.O. with Permanency and Adolescent CPSWs and Foster Care CPSWs as standing members. PIP P1.5.A.1 See also Item #6 (P1.6.B) and Item #7 (P1.7.A)*

Action step a: Permanency social workers will be assigned to each District Office by June 30, 2005.

Action step b: A training program will be developed and provided for Permanency social workers by June 30, 2005.

Action step c: By June 30, 2006, DCYF will implement an advanced training program for Permanency social workers, involving at least two days of training per year.

Action step d: By June 30, 2005, Permanency teams will be established in each District Office to facilitate early permanency planning for children who may not return home.

Action step e: By June 30, 2006, DCYF will develop and activate a Permanency Team Steering Committee.

Action step f: By June 30, 2006, DCYF will develop and incorporate into practice a Permanency Team monitoring tool, with identified benchmarks, and a quality assurance process.

**Objective 2: While their children are in temporary out of home care, birth parents will be connected with necessary and appropriate services to resolve those issues that have been identified to be potential risks for abuse and neglect.**

Action step a: Utilizing NH Bridges, Structured Decision Making, and the Case Practice Review process, the Bureau for Quality Improvement and the Child Protective Services Administrators will the assessment process and evaluate identification of family strengths and needs.

Action step b: Utilizing NH Bridges, Structured Decision Making, and the Case Practice Review process, the Bureau for Quality Improvement and the Child Protective Services Administrators

will ensure that DCYF refers families to services that address identified needs to help optimize strengths to address the areas of needs.

Action step c: Utilizing statewide Leadership meetings, DCYF Child Protective Services Administrators, the Family and Community Services Administrator and the Bureau for Quality Improvement will Agency staff will work to address multiple agency and court related barriers to achieving timely delivery of services.

**Objective 3: CPSWs will optimize utilization of relatives as a placement option.**

Action step a: From the onset of agency involvement throughout the course of the case, DCYF will identify, locate and evaluate the closest parents and relatives who can safely provide care for the children involved in the case.

Action Step b: DCYF will expedite access to services will be provided as needed to enhance cooperation between birth parents and other family members providing placement.

Action step c: In instances of kinship care, DCYF will provide other family members with services necessary to maintain placements.

Action step d: Utilizing the services of the DCYF Fiscal Unit Supervisor and DHHS Division of Child Support Services, DCYF will investigate the feasibility of having DCYF Fiscal Specialists' assist relatives in applying for TANF and other applicable funding in place of relatives having to contact other divisions directly. *(Adapted from PIP: P2.15.B.3)*

Action step e: If it is determined that DCYF Fiscal Specialists can assist relatives:

- Fiscal Specialists will be trained on new procedures,
- Policy will be developed, approved and submitted to the Policy Bureau for distribution and
- A training mechanism for DCYF supervisors will be implemented. *(Adapted from PIP: P2.15.B.3.a)*



**Objective 4:** CPSWs and Foster care licensing workers will optimize the match between birth parents and foster parents in addition to matching the child with the foster family.

*Children will be matched with the most appropriate out-of-home placement. (PIP: P1.6.A) The addition of Permanency CPSW specialists, Adolescent CPSW specialists and Permanency Planning Teams (PPT) in each D.O., creates a new case practice model that breaks down the boundaries that formerly existed among Family Services CPSWs, Foster Care Licensing CPSWs, Adoption CPSWs, and Teen Independent Living CPSWs. Cooperative case planning will begin at the onset of a case compared to the previous model where case planning occurred sequentially. (PIP: P1.8.A.1.a)*

Action step a: The Family and Community Services Administrator, in conjunction with the Clinical Services Administrator, will develop and/or adopt and implement a tool that optimizes the match between adoptive parents and birth parents.

Action step b: A DCYF Permanency Supervisor will develop and train a Permanency Planning Team (PPT) in each district office. *(Adapted from PIP: P1.7.B)*

Action step c: Utilizing permanency planning teams in each district office, DCYF will review cases involving children in temporary out of home placement; DCYF will assess how the placement situation meets the needs of the child, with special regard to permanency and concurrent planning.

- The local Foster Care Specialist will be a standing member of the D.O.'s PPT and be instrumental in identifying and facilitating the matching of children and placements.  
*(Adapted from PIP: P1.6.A.1.a)*

**Objective 5:** DCYF will promote commitment by foster parents to actively support safe reunification, and willingness to be available as the permanent family for a child in their care if safe reunification cannot occur.

Action step a: The Family and Community Services Administrator, in conjunction with the Clinical Services Administrator, will evaluate and adopt statewide procedures that ensure the

opportunity for meaningful contact between birth parents and foster parents from the day that children enter out of home placement.

Action step b: The DCYF Foster Parent Program Specialist, in conjunction with statewide foster/adoptive parent organizations, will evaluate and apply training for DCYF staff and foster/adoptive parents regarding all aspects of concurrent planning, and the possible complexity involved.

Action step c: DCYF will explore and provide access to opportunities for counseling and other supports for foster parents to address their dual role in concurrent planning.

**Objective 6: In every district office, Permanency teams will focus on all permanency options at the earliest possible time, including those that do not involve reunification.**

***Update policy on case planning to include emphasis on concurrent planning. (2)Policy will be drafted and submitted to the DCYF Policy Bureau to distribute. See details re: revising the Case Plan in Item #25 (PIP: (CR25.A) P1.7.A.2)***

Action Step a: The Family and Community Services Administrator, in conjunction with the Clinical Services Administrator and Child Protection Administrators, will improve consistency of concurrent planning, addressing the following:

- Non-adversarial presentations of concurrent planning at the time children enter out of home care.
- Consistent attention to concurrent plans from the time that a child enters out of home care.

Action step b: By June 30 2005, the DCYF Permanency Specialist, in collaboration with the probate courts, will establish a pilot in Hillsboro County to establish mediation as a service to birth and adoptive families at the time the TPR process is initiated in order to build consensus regarding the child's permanency and ongoing relationship with birth parents.

**Goal B: Increase availability of qualified foster/adoptive parents, child care resources, and residential care providers who can address individual circumstances of children, including their needs for community, culture, ethnic diversity, education and treatment.**

**Objective 1: Enhance strategic recruitment of foster parents to allow greater flexibility in matching children and families with foster families, allowing for safe access to family and community, and for culture and diversity.**

*Experienced foster parents will be recruited to service (1) adolescents currently in temporary out-of-home placements and (2) who are at risk of transitioning to more restricted placements. D.O. recruitment plans to be developed by Permanency Planning Teams (PPT) staffed by Permanency CPSWs, Adolescent CPSWs and Foster Care CPSWs, supervisors and Family Services CPSWs. (PIP: P1.6.C.1.a)*

Action step a: Utilizing the Case Practice Review Process, statewide foster/adoptive parent organizations, and reports from district offices, the Foster Care program Specialist will identify regional gaps in foster parent availability.

Action step b: Utilizing the Case Practice Review Process, statewide foster/adoptive parent organizations, and reports from district offices, the Foster Care program Specialist will assess and enhance current recruitment and match efforts in terms of culture, geography, and faith community.

Action step c: The Foster Parent Profile will be completed to gather information used in matching children with foster parents and to identify foster parents' needs. Use of the Foster Parent Profile will be assessed through the Administrative Case Review process (*Adapted from PIP: WB1.17.B.1*)

Action step d: DCYF will use federal technical assistance and effective demonstration models to evaluate and modify foster parent recruitment and retention programs.

**Objective 2: Promote a balance of culture and diversity in group homes and residential settings so as to meet the individual needs of children served by those resources.**

Action step a: Develop contracts that require demonstrated efforts to establish cultural competency in recruiting, hiring and training staff.

*Comment: As children from distant communities often populate group homes and residential settings, it is recognized that group home and residential staff often constitute ethnicity and cultural backgrounds that are very different from that of the children temporarily living in those settings.*

**Objective 3: Increase availability of, and access to, quality child care programs to serve as protective and preventive child care resources.**

Action step a: The Child Development Bureau, in collaboration with the Child Protection Administration, will engage in recruitment and certification of qualified child care providers throughout the state. The Child Development Bureau will provide semi-annual reports to DCYF/DJJS staff regarding certified child care providers, by district office.

**Objective 4: Apply on-going recruitment and retention strategies that maintain a steady number of qualified adoptive families.**

Action step a: Using media and community events that are researched and demonstrated as effective, DCYF will increase public awareness of New Hampshire's children awaiting adoption, as well as recruitment and training resources for people interested in the adoption process.

***DCYF to participate in Adopt US Kids, a national photo listing service for children awaiting adoption across the United States and initiative of ACF/Children's Bureau. (PIP: P1.9.E)***

Action step b: The DCYF Adoption Specialist will develop and implement as consistent yearlong programs, proven recruitment strategies such as:

- Media campaigns

- Wednesday's Child program
- Target high probability groups.
- Partnership with Massachusetts Adoption Resource Exchange to offer adoption recruitment events.

**Goal C: Resolve the barriers to adoption related to economic, therapeutic, and clinical support.**

**Objective 1: Increase the availability of therapeutic adoptive homes for children who have specific needs.**

Action step a: The DCYF Adoption Specialists will target recruitment efforts to specifically address therapeutic adoption.

Action step b: By utilizing the DCYF Adoption Specialists and the Clinical Administrator, District Office CPSWs and supervisors will increase the use of specialized approaches, such as Independent Service Options for adoptive families.

**Objective 2: Increase the availability & accessibility of post-adoption services, and supports for siblings and other relatives.**

Action step a: DCYF will research and provide access to post adoption resources to adoptive families.

Action step b: DCYF will encourage development of federally funded initiatives devoted to foster/adoptive parents, addressing the impact of adoption on marital and sibling relationships.

Action step c: The DCYF Permanency Specialist will evaluate and apply when possible the means to increase long-term availability of supportive services for adoptive families.

**Goal D: Address the reunification and permanency barriers for youth, regardless of the type of Health and Human Services intervention.**

**Objective 1: DCYF will develop and apply services and supports that will strengthen youth's abilities to remain safely at home after initial Chins and Delinquency related services are resolved.**

<b><i>Reducing the incidence of DJJS youth re-offending after returning home. PIP P1.5.C</i></b>
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Action step a: DJJS will establish reports that will address information including: number of youth re-offending, nature of offenses committed, and family/community factors associated with re-offending. *Adapted from PIP: P1.5.C.1*

Action step a: DJJS administration will identify community needs regarding post-reunification and other post-discharge services. *Adapted from PIP: P1.5.C.1.a*

Action step b: DJJS will meet with providers to identify and plan for the implementation of program enhancements in order to provide effective, quality family-focused services in preparation for reunification. *Adapted from PIP: P1.5.C.1.b*

**Objective 2: CPSWs and JPPOs will collaborate on cases connected to both DCYF and DJJS.**

Action step a: DCYF and DJJS will co-draft policy regarding DJJS' role in Permanency Planning Teams. This policy will be drafted and submitted to the DCYF Policy Bureaus to distribute. *(Adapted from PIP: P1.10.B.1.a)*

Action step b: All CPSWs and DO supervisors will participate in training on the policy. (PIP: P1.10.B.1.b)

## **C. Well Being**



**Goal A. Families will have access to enhanced support to provide for their children's needs.**

*Special consideration: Families include birth, step, adoptive, foster parents, relative caregivers and their children.*

**Objective 1: A full range of Comprehensive Family Support (voluntary services) will be applied to all regions of the state.**

Action step a: Community-based agencies/services will be educated regarding the Comprehensive Family Support program.

Action step b: DCYF will educate providers, community agencies regarding services HHS/DCYF delivery process.

Action step c: Through education and contracting, DCYF will ensure consistent approaches to families who have been affected by domestic violence, sexual assault, substance abuse, or emotional disorders.

**Objective 2: Include focus on community based primary and secondary prevention in DCYF public awareness efforts.**

Action step a: Include presentations that address primary and secondary prevention, in DCYF public reports and presentations.

Action step b: Utilize marketing/communications campaigns with both public and private providers.

Action step c: Collect and publish the success statistics and outcomes in all presentations of primary and secondary prevention efforts.

**Goal B: Children will have increased access to services to meet the physical, oral health, social, and mental health needs.**

**Objective 1: Each child who is the subject of a founded case will be provided with a comprehensive health and developmental evaluation, as per CAPTA (section 106(a)(14).**

*All children/youth in court-ordered out-of-home placement will participate in a mental health and developmental assessment within 30-days of placement unless contraindicated due to age. (PIP: WB3.23.A)*

Action step a: DCYF will ensure that children who are under age 3 and are involved in founded DCYF assessments will be referred for developmental screenings.

Action step b: Essential components of comprehensive health and developmental evaluations, and applications to children in various developmental stages, will be defined.

Action step c: The DCYF Clinical Administrator will complete a statewide assessment of resources that can be utilized collaboratively to provide a comprehensive health and developmental evaluation in every state region.

Action step d: By January 30, 2005, the DCYF Clinical Administrator will coordinate a workgroup including DCYF and DJJS representatives, consultation with pediatric health care providers, and a sub-group of Community Mental Health Center Children's Directors, and



complete an assessment of application of a statewide network that allows access to a comprehensive health and developmental evaluation for identified children within thirty days of a referral (*Adapted from PIP: WB3.23.A.1*).

Action step e: By June 30, 2005, the DCYF Clinical Administrator will coordinate implementation a statewide network that allows access to a comprehensive health and developmental evaluation for identified children within thirty days of a referral (*Adapted from PIP: WB3.23.A.1.b*)

Action step f: When children are placed into temporary out of home care, mental health services will be immediately provided as a support to the child and caregivers.

**Objective 2: Identify, promote, and encourage access to quality oral health services to all children in open DCYF and DJJS cases.**

Action step a: Ensure that identification of oral health needs is incorporated into every assessment.

Action step b: DCYF will partner with other stakeholders to increase availability of and access to oral health services.

**Objective 3: DCYF and DJJS will review and revise policy “ITEM 742, Health Care of Children in Placement” that addresses obtaining health care for the child and the documentation, provision, and distribution of child-related information to birth parents, foster parents and other residential care and service providers.**

***Review and revise Child Health Support policy to ensure the scope of the providers' roles and responsibilities related to visitation include skill-development, support and transportation. (PIP: P2.13.B.1.a)***

***Ensure that all foster parents have relevant, current and complete information relative to their child(ren) in care. (PIP: WB1.17.A)***

Action step a: DCYF will implement into practice, documentation and procedures ensuring that, as soon as is practically possible, essential physical, social, educational, and mental health information is provided to birth parents, foster/adoptive parents, child care providers, and other caregivers for children who are in DCYF or DJJS placements,

Action step b: DCYF will include in DCYF policy how the child's medical information is identified and addressed in the Case Plan.

Action step c: DCYF will Identify in policy responsibilities of parents, foster parents and other caregivers, CPSWs and JPPOs, Supervisors, Foster Care Health Nurses, and service providers.

Action step d: By December 30, the DCYF Nursing Supervisor and the DCYF Clinical Administrator will complete production, distribution, and training regarding medical passports for every child in DCYF/DJJS supervised out of home placement.

**Goal C: All phases of DCYF interventions will include a focus on connecting families with community-based organizations that will support the full scope of prevention and wellness.**

**Objective 1: Services provided to families/children will be strength based, culturally competent and individually focused.**

Action step a: DCYF and DJJS assessments will address functional family strengths, culture, ethnicity, and individual interests.

Action step b: DCYF will utilize tools such as the Structured-Decision-Making (SDM) Family Strengths and Needs Assessment and Family Strengths and Needs Review to assess families' needs. *(Adapted from PIP: WBI.17.C)*

Action step c: Through the development of clear and consistent case transition procedures, DCYF will minimize any negative impact on the child and family as an Assessment becomes a Family Services case or at any time case responsibility is transferred from one CPSW (Family

Services, Permanency or Adolescent CPSW) or JPPO to another. (*Adapted from PIP: WB1.18.B*)

Action step d: Collaborative responses in DCYF and DJJS interventions will include groups and organizations that are compatible with each family's culture and support system.

**Objective 2: Connections between families and supportive community based services will be established by the conclusion of DCYF interventions and open cases to ensure each family's continued access to essential support.**

Action step a: DCYF records will address those areas in which families require support.

Action step b: Assessments, case plans, and case closure summaries will identify those efforts accomplishing the successful linking of families to supports that address physical, mental health, and relational needs.

**Objective 3: In all open cases, CPSWs and JPPOs will visit children/youth as specified in each case plan. (*Adapted from PIP: WB1.19.B*)**

Action step a: Through the DCYF Leadership meeting process, current Division and Structured Decision Making policies will be reviewed with all (1) D.O. supervisors and (2) primary CPSWs (Assessment, Family Services, Permanency and Adolescent) and JPPOs. (*Adapted from PIP: WB1.19.B.1*)

Action step b: CPSW visitation with children/youth will be monitored via:

- (1) Monthly Supervisors' reports;
- (2) Practice issues discussed with and resolved by D.O. supervisor in collaboration with designated Assistant CPS Administrator, and
- (3) The Administrative Case Review process for children/youth in out-of-home placement (*Adapted from PIP: WB1.19.B.1.a*)

Action step c: DCYF will provide an annual report that is based on the annual Well-Being Check initiative of all children in out-of-home placement. (PIP: WB1.19.B.1.b).

## **D. Systemic Factors**



### **I Statewide Information System**

**Goal A: Ensure the optimal utilization of NH Information Systems to generate accurately recorded, enabling accurate tracking of targeted outcomes.**

**Objective 1: Ensure that Structured Decision Making information is accurately recorded, enabling accurate tracking of targeted outcomes.**

***Ensure the data accuracy and reporting of foster care re-entries accurately reflects case practice and meets AFCARS requirements. PIP: P1.5.E***

Action step a: Using Case Practice Reviews, reports from NH BRIDGES and Structured Decision Making, and staff supervision reports, the Bureau for Quality Improvement Administrator, Child Protective Services Administrators, and the Information Technology Administrator will monitor and train staff to consistently enter data.

Action step b: The Bureau for Quality Improvement Administrator, Child Protective Services Administrators, and the Information Technology Administrator will continue to evaluate use of Structure Decision Making documentation, and NH BRIDGES, and modify as needed to increase usability by CPSWs.

Action step c: The Bureau for Quality Improvement Administrator, Child Protective Services Administrators will review and revise SDM Case Contact Guidelines and practice to insure

consistent use regarding visits between parent(s) and siblings when children are in temporary out of home care. *(Adapted from PIP: P2.13.A.1)*

Action step d: Utilizing consultation and technical assistance, and through the SDM Oversight committee, the Quality Improvement and the Clinical Services Administrators will coordinate changes in SDM tools to insure that mental health issues are adequately identified *(Adapted from PIP: WB3.23.A.3)*.

**Objective 2: Engage in data sharing with other NH systems to improve services to consumers.**

Action step a: DCYF will explore feasibility of a data link with the Administrative Office of the Courts.

Action step b: DCYF and The Administrative Office of the Courts will complete confidentiality policies and practices that address linking data between DCYF and the Courts.

**Objective 3: Ensure that CPSWs document interventions and referrals during abuse/neglect investigations and open cases through BRIDGES, on the assessment close screen, the findings screen, and the SDM Safety Assessment.**

Action step a: Using the Structured Decision Making safety response section of the Safety Assessment, identify and define CPSW interventions, such as:

- Direct Intervention of CPS Worker,
- Recruiting neighbor/relative as a resource,
- Recruiting a community agency as a resource,
- Voluntary services, or
- Voluntary placement of a child.

Action step b: Using the NH BRIDGES service selection process on the “assessment/findings” screen, identify data elements that document interventions in ways that are statistically reportable, including:

- Area Agencies,
- Assistance locating housing,
- Community service development projects,
- Conditional release supervision,
- Connection to community services,
- Crisis intervention (Direct),
- Education/Special Ed. Advocacy,
- Family/child counseling by worker,
- Information and referral assistance,
- Job-hunting assistance,
- Mediation/conflict resolution,
- Mental Health Centers,
- Random drug testing,
- Restitution collection,
- Service coordination,
- Transportation by worker, and
- Victim/witness compensation.

Action step c: DCYF will adopt training and accountability measures that address correct data entry of interventions.

## **II Case Review System**

**Goal A. Case plans will be family centered and strength based, with a primary focus on child and family safety.**

**Objective 1: DCYF will review and provide necessary amendments in case plans, and policies addressing case plans, to ensure that every child has a case plan developed with his/her family and with his/her primary CPSW/JPO. *(Adapted from PIP: CR25.A)***

Action step a: By April 30, 2005, the CPS Administrator will, in collaboration with Policy Bureau Program Specialist, coordinate the development of a Revised Case Plan form, policy and procedures to be adopted and policy distributed. (PIP: Establish committee of CPSW and JPO staff to review and improve current Case Plan form, policy and procedures. *(Adapted from PIP: CR25.A.1.b)*)

Action step b: By 12/31/04, the CPS Administrator, in collaboration with Information Systems Administrator and NH Bridges staff will complete an analysis regarding changes to Bridges that are necessary in light of new Case Plan form (template) and SACWIS requirements. *(Adapted from PIP: CR25.A.1.b)*

Action step c: By April 30, 2005, CPS and Staff Development Training Bureau (SDTB) Administrators will review and revise as needed, the DCYF training/curriculum concerning case planning. *(Adapted from PIP: CR25.A.1.d)*

Action step d: By April 30, 2005, CPS and Staff Development Training Bureau (SDTB) Administrators initiate the revised DCYF/DJS training/curriculum concerning case planning for all staff and supervisors. *(Adapted from PIP: CR25.A.1.e)*

**Objective 2: CPSWs will assess and document the existence of domestic violence, substance abuse, sex abuse, and mental abuse and other predominant or underlying issues during**



**intake, assessment, and ongoing services. CPSWs will consistently document identification of these issues through Structured Decision Making and BRIDGES screens.**

Action step a: Utilizing the Case Practice Review process, intake and assessment factors check boxes located on BRIDGES intake and assessment screens, and other random case reviews, DCYF will conduct periodic reviews of case documentation to assess accuracy, completeness, and scope of recording.

**Objective 3: DCYF case plans will address all child and family safety issues identified and confirmed in the DCYF child abuse/neglect assessment. Case plans will identify the family's strengths and supports necessary to safely provide for the care and well-being of the children.**

Action step a: Utilizing the Case Practice Review process, Administrative Case reviews, Intake and Assessment factors check boxes located on BRIDGES intake and assessment screens, and other random case reviews, the DCYF Bureau of Quality Improvement will assess DCYF case plans and their connection with the DCYF abuse/neglect assessment.

Action step b: Utilizing BRIDGES supervision reports, direct observation, and targeted record reviews, the DCYF Administration for Child Protection will confirm that DCYF case plans address all issues raised in the abuse/neglect assessment.

Action step c: All CPS supervisors will complete training that addresses case planning, with specific reference to Objective 2.

**Objective 4: Family members will participate in the development of case plans. CPSWs will ensure that key providers & supportive individuals are aware of and contribute to the development of the case planning process. Family members and key participants in the case plan will participate in the continued review of case plans.**

Action step a: Using the Case Practice Review process, and through statewide Leadership meetings, the Child Protection Administrators will ensure that all those involved in direct contact

with--and/or care and supervision of-- children in DCYF cases will understand and support all elements of the case plan pertinent to their role.

Action step b: Utilizing BRIDGES monthly supervisor reports, and CPS/DJJS supervision, CPS and DJJS Field Services Administrators will ensure that CPSWs and JPPOs will visit children/youth as specified in each case plan. *(Adapted from PIP: WB1.19.B)*

Action step c: Through reviews of monthly supervisors' reports and reviews sample of cases, CPS and DJJS Field Services Administrators will ensure CPSW conduct good faith efforts to locate both mothers and fathers, and ensure supervision regarding safe techniques and practices to effectively engage parents. *(Adapted from PIP: WB1.20.A.1)*

**Objective 5: DCYF will conduct early, frequent, and meaningful reviews of case plans and goals for children who are in out of home care. DCYF will ensure participation by the child (when appropriate), parents, foster parents and key service providers in these reviews.**

***Increase number of parents and of age-appropriate children/youth who attend and actively participate in Administrative Case Review (ACR) meetings (PIP: WB1.18.A)***

Action step a: DCYF will develop a system whereby Administrative Case Reviews can occur outside of typical business hours and days to better accommodate the schedules of birth parents, foster parents, and other key attendees, as well as in locations that are more accommodating to birth and foster parents. *(Adapted from PIP: 18WB1)*

Action step b: Parents will be involved in recommending who should be invited to administrative case reviews that concern their children.

Action step c: DCYF Policy 715 (b) will be will list examples of potential attendees, such as childcare providers, foster parents, school personnel, etc.

Action step d: DCYF will minimize number of separate case planning reviews/hearings/team meetings by scheduling Administrative Case Reviews

- (4) Just before court hearing(s),
- (5) At residential facilities' team meetings or
- (6) To coincide with another case related meeting in the DO, such as a wrap-around meeting (see P1.5.D). *(Adapted from PIP: WB1.18.A.1.a)*

Action step e: CPS Administrator in conjunction with CIP Administrator, will ensure that CPSWs will follow the CIP Protocols and timeframes in completing social studies and court reports. In doing so, court hearings should be efficient and the need for continuances decreased as all parties will have pertinent DCYF documentation prior to each hearing. *(Adapted from PIP: CR27.A.4)*

**Objective 6: Permanency hearings will be held consistently in all DJJS cases where children/youth are in foster homes or residential placements. (PIP: CR27.B)**

Action step a: The DJJS Field Services Administrator, in collaboration with DJJS Policy Specialist, will develop forms and instructions for Permanency Hearings in collaboration with CIP administrative staff. *(Adapted from PIP: CR27.B.1.a)*

Action step b: By September 30, 2004, the DJJS Training Coordinator will Train DJJS staff regarding use of new Permanency Hearing policy and forms. DJJS Training Coordinator to develop regional training schedule. *(Adapted from PIP: CR27.B.1.b)*

Action step c: By 12/31/2004, the DJJS Field Services Administrator will, through DJJS and CIP staff, complete education with Administrative Offices of the Court (AOC) regarding DJJS Permanency policy and forms for CHINS & Delinquency Cases. *(Adapted from PIP: CR27.B.1.c)*

Action step d: By July 31, 2004, the DJJS Field Administrator will facilitate adoption of AOC policy on Permanency Hearings in CHINS and Delinquency cases. *(Adapted from PIP: CR27.B.1.d)*

Action step e: Between September and December 2004, the DJJS Field Administrator will supervise completion of AOC trainings on Permanency Hearings in CHINS and Delinquency cases. *(Adapted from PIP: CR27.B.1.e)*

Action step f: By 12/31/2004, the DJJS Field Administrator will complete implementation of AOC and DJJS policies and forms in actual Permanency Hearings in CHINS and Delinquency cases. *(Adapted from PIP: CR27.B.1.f)*

### **III Quality Assurance System**

**Goal A: Promote best Agency Practice and optimal responses to all individuals referred to DCYF through a comprehensive Quality Improvement Bureau.**

**Objective 1: Develop and implement a statewide Case Practice Review process.**

Action step a: DCYF will conduct an ongoing practice a Case Practice Review process, coordinated by the Bureau of Quality Improvement. The Case practice Review Process will evaluates the status of child welfare, child protection, and juvenile justice in each of the twelve district offices based on how DCYF responds to the safety, permanence, and wellness of children and families referred for service.

Action step b: Using the Case Practice Review process, the Bureau of Quality Improvement will review one of twelve district offices every other month, completing the cycle over a two-year period.

Action step c: Using the performance information acquired through the Case Practice Review process, the Bureau of Quality Improvement will incorporate this information into quality improvement initiatives, public reports, funding proposals, and specific initiatives such as the Program Improvement Plan (PIP).

Action step d: DCYF BQI D.O. DCYF Case Practice Reviews (CPR) will be used to monitor adequacy of case plans and appropriateness of permanency goals. Each D.O. reviewed will produce an improvement plan (Practice Improvement Initiative) to address all items designated as Areas Needing Improvement (ANI) within 2 months of the CPR. *(Adapted from PIP: CR25.B.2)*

**Objective 2: DCYF will develop and maintain ongoing practices that review, evaluate, and report on, essential statewide programs and processes that are designed to result in consumers receiving the maximum value of Agency services and supports.**

Action step a: Through the Bureau of Quality Improvement, DCYF will conduct regular and ongoing reviews of and reports on statewide programs and processes that impact service to children and families, including:

- Prevention,
- Voluntary Services,
- Structure Decision Making,
- CPSW/JPPPO workloads,
- DCYF Central Intake,
- Interstate Compact on the Placement of Children (ICPC),
- Assessment,
- In-home services to children and families,
- Temporary Out of Home Services,
- Adoption and Permanency,
- Residential Care,
- Preparation for Independent Living and
- Adolescent Services.

**Objective 3: Reports on Administrative Case Reviews will demonstrate adherence to Best Practice concerning Family Centered Case Planning and comprehensive service to families.**

Action step a: Utilizing Administrative Case Review satisfaction surveys, Case Practice Reviews, and the supervision process, DCYF will ensure in policy and practice that case plans include attention to the following elements:

- Ensuring safety for all family members,
- Engaging parents in the case planning process
- Involving essential community participants (e.g. child care providers, school personnel, counselors)
- Identification of measurable plan components that focus on
- Reunification (in cases involving temporary out of home care) and
- resolution of safety issues,
- Identification of the concurrent plan in cases involving temporary out of home care, and

- Incorporation of individual and familial strengths into the planning process.

Action step b: Administrative Case Review satisfaction surveys will be designed to focus on birth parents and children regarding their understanding of, and comfort with, the Administrative Review Processes.

Action step c: The Quality Improvement Administrator will utilize Administrative Case Reviews to assess documentation of medication monitoring, and flag those cases where there is a concern and/or question regarding monitoring of child's medication *(Adapted from PIP: WB3.23.F.2)*

Action step d: Utilizing information from the 6-month Administrative Case Reviews, assess whether relatives have been located in a manner that meets both the best interests of the child and family safety needs *(Adapted from PIP: P2.15.A.1.a)*

Action step e: The Administrative Case Review process will be adapted to assess the use of The Foster Parent Profile with regards to matching children with foster parents and to identify foster parents' needs. *(Adapted from PIP: WB1.17.B.1) [hyperlink to Permanency Goal B Objective 1](#)*  
*Action step c*

Action step f: Utilizing information from the 6-month Administrative Case Reviews (ACR) report on the participants, content discussed, and decisions made in Administrative Case reviews to CPSW/JPPPO staff, supervisors, and administrators. Include this information as a basis for recommendations about procedures and activities related to the Administrative Case Review Process. *(Adapted from PIP: P1.6.B.2.a)*

**Objective 4: Using CFSR national standards as a standard of reference, develop a reporting system whereby accurate and standardized information about service outcomes is produced at regular intervals during each year.**

Action step a: Using the monthly DCYF Benchmark Report for DHHS Commissioner as a reference, DCYF will monitored and evaluate the number of and trends regarding foster-care placements. (*Adapted from PIP: d. P1.6.B.2*)

Action step b: Using NH BRIDGES as a data resource, the Bureau of Quality Improvement will coordinate the production of reports based on all elements in the NH DCYF State Data Profile at least twice annually.

Action step c: Through the Bureau of Quality Improvement, reports concerning DCYF outcomes related to the Case practice Reviews, Program Improvement Plan, and CFSR national standards will be produced and provided to DCYF administration and staff. These reports will also be available to the public.

**Objective 4: DCYF will incorporate the knowledge gained from evaluations and reports into policy and practice at every level of service.**

Action step a: Through the Bureau of Quality Improvement, DCYF will utilize information from the 6-month Administrative Case Reviews (ACR) report on the participants, content discussed, and decisions made in Administrative Case reviews as a basis for recommendations about procedures and activities related to the Administrative Case Review Process. (Adapted from PIP: P1.6.B.2.a)

Action step b: Through the Bureau of Quality Improvement, DCYF will utilize information from the Case Practice Reviews, and evaluations of other programs and processes as a basis for recommendations about procedures and activities related to the DCYF training, policy, and protocols.



## **IV. Staff Training**

***DCYF Administration and Staff Development and Training Bureau (SDTB) will provide training for the new staff and current staff with an emphasis on best practice, concurrent planning and permanency planning. See Item 7 for further details on training. PIP: (P1.7.A) P1.6.B.1.a***

**Goal A: The Bureau of Staff Development and Training (BSDT) will promote cultural competency, appreciation of complexity within family systems, and holistic approaches to all DCYF interventions.**

**Objective 1: DCYF training curriculums will include skill building that addresses assessment, documentation, referral, consultation, and responding to: domestic violence, substance abuse, sexual abuse, and mental health issues.**

Action step a: The Bureau of Staff Development and Training (BSDT) will review and evaluate curriculums regarding information and consistency of content that is both current and addresses issues such as domestic violence, substance abuse, sexual abuse, and mental health.

Action step b: BSDT will provide ongoing advanced training for all stages of DCYF interventions in the areas of domestic violence, substance abuse, sexual abuse, and mental health issues.

Action step c: Training programs will address skill building for all CPSWs and supervisors in communication and engagement with individuals with challenging issues and behaviors.

Action step d: BSDT will collaborate with community agencies and experts in the field to provide ongoing advanced training for DCYF staff and supervisors in specialized areas.

**Objective 2: Continuously provide all DCYF staff with competency-based training regarding strength-based practices, safety, and cultural competency that stay current with ongoing research regarding best practice.**

Action step a: BSDT will Provide evaluation regarding the content of training curricula, with attention to consistency with Best Practice.

Action step b: Utilizing annual surveys that address workload, turnover, and training, the Bureau for Quality Improvement and Child Protection Administrators will evaluate the impact and effect of training on staff as staff experience increases.

Action step c: By June 30 2005, the BSDT will incorporate a CORE module specific to cultural competency relative to American Indian parents and children who live in New Hampshire. The BSDT will utilize technical assistance and consultation with statewide groups who specialize in American Indian culture. The module will also address ICWA requirements.

Action step d: Through consultation with statewide advocacy groups and available technical assistance, the BSDT will, by June 30, 2005, demonstrate inclusion of CORE and Advanced training modules that specifically address DCYF's work with people who have individual needs (e.g. deaf and hard of hearing, visually impaired).

**Objective 3: Ensure that all training offers consistent messages about child and family safety, stability and well being.**

***DCYF CPSWs, DJJS JPPOs and D.O. supervisors will participate in new worker/core training and on-going training regarding permanency goals-setting training. (PIP: P1.6.D.2)***

***Parents, foster parents, children age 12 and older, are invited and encouraged to participate in Administrative Case Reviews (PIP: P2.16.A.3)***

Action step a: The Bureau of Staff Development and Training will provide a CPSW and supervisor curriculum that specifically addresses family centered case planning with special attention focused on:

- Ensuring safety for all family members,
- Engaging parents in the case planning process,
- Involving essential community stakeholders (e.g. child care providers, school personnel, counselors),
- Identification of measurable plan components that focus on

- Reunification (in cases involving temporary out of home care) and
- Resolution of safety issues,
- Identification of the concurrent plan in cases involving temporary out of home care and
- Incorporation of individual and familial strengths into the planning process.

Action step b: Contractors with DCYF will provide a training plan that is consistent with DCYF Best Practice concepts. DCYF will provide contractors with training models reflecting Best practice Standards.

Action step c: The Family and Community Services Administrator will collaborate with local colleges and universities to ensure that subject areas are included in social work curricula.

*(Adapted from PIP: SA35.B.2)*

## **V Service Array**

**Goal A: Partner with community based collaborative approaches to prevent child abuse and neglect through family wellness**

*Special consideration: Goals, objectives and action steps that follow in this section are designed to ensure that each individual has a similar opportunity for prevention and supportive services, regardless of their place of residence or personal circumstances.*

**Objective 1: Enhance and expand statewide public access to services that prevent child abuse and neglect.**

Action Step a: Using successful models of prevention as a reference, DCYF will apply and expand community based prevention programs to all areas of the state, ensuring access for all families in need.

- Evaluate existing models for efficacy utilizing existing outcome measures (e.g., logic models)
- Partner with communities to replicate most success for models

Action Step b: Using community based information gathering processes, DCYF will identify and reduce barriers to service access.

Action step c: DCYF will work with partnering organizations to enhance and expand statewide public internet access to services that prevent child abuse and neglect.

**Objective 2: Participate in a statewide network focused on Community Based treatment that coordinates with other agencies.**

Action Step a: Through mechanisms such as memorandums of understandings, DCYF will engage in a formal relationships with other state and local community approaches to prevention including, but not limited to:

- The NH Children's Trust Fund,

- Juvenile Diversion Programs,
- NH Prevention Provider Network,
- NH Coalition Against Domestic and Sexual Violence, and the
- State Primary Prevention and Wellness Council.

**Objective 3: Participate in developing a system whereby parents access the resources necessary to provide for their children’s safety and well-being.**

*Wrap-around teams collaborate regarding each agency's resources to ensure that families receive the services they need. Wrap-around teams will be made available to each D.O. throughout the state. PIP: P1.5.D*

*Primary CPSW (Family Services, Permanency or Adolescent) is primary case manager and will collaborate with other specialists, not all of which are present in every D.O: Foster Care Health Program Nurse, Domestic Violence Program Specialist, Licensed Alcohol, Drug Abuse Counselors (LADAC), Mental Health Therapist (PIP: WB1.17G)*

Action Step a: Using NH BRIDGES, Structured Decision Making and other information systems, DCYF will provide information to define needs and identify gaps in services necessary to resolve basic child safety issues.

Action step b: DCYF will coordinate with the NH Children’s Trust Fund and other statewide networks, to develop and utilize assessment and evaluation tools measuring client needs and satisfaction with services.

Action step c: Through statewide collaborations, RFPs and contracts, DCYF will support initiatives to provide comprehensive services at a local level.

Action step d: DCYF will collaborate with other community and statewide organizations to provide timely access by families to information and referral to meaningful supportive services and resources.

d (1) By December 2004, in collaboration with the NH Deaf And Hard Of Hearing Services, DCYF will explore availability of, and access to, specific family supportive services for people who are deaf and hard of hearing.

d (2) By December 2004, in collaboration with the community statewide partners, DCYF will assess opportunities to increase access of supportive services to individuals with particular needs.

Action step e: By June 30, 2004, the Clinical Services Administrator, through consultation with the Policy Bureau Program Specialist will develop policy through which Foster Care Health Program nurses (1) identify children in foster care who are prescribed psychotropic medications, and (2) oversee the practice that parents receive informed consent forms regarding their child(ren)'s medication(s) from the physician/psychiatrist (*Adapted from PIP: WB3.23.F.1.b*).

**Goal B: Partner in developing collaborative programs that combine resources and interventions to enhance responses to complex family situations.**

**Objective 1: Identify by D.O. and enroll as DCYF providers specialized services needed by children and families. (*Adapted from PIP: WB1.17.F*)**

Action step a: Through analysis of inventory of certification requests maintained by state office, and monthly report outlining status of applications for certifications to be developed; prioritize, identify and complete, by D.O., the Service Certification requests for service providers who accept Medicaid, and provide service in the following areas:

- Substance abuse councilors,
- Dentists,
- Mental health professionals
- Those with training to work with sexual offenders, and
- Those with training to provide batterer intervention (*Adapted from PIP: WB1.17.F.1*)

Action step b: Through collaborative efforts by the Fiscal Services Administrator and the Certification Program Specialist Provider, clarify certification process to be reviewed for each category listed in action step a; identify barriers to timely certification, and develop and implement corrective action plans. (*Adapted from PIP: WB1.17.F.1.a*)

**Objective 2: Replicate the success of Permanency Plus with the goal of achieving Statewide application. (Adapted from PIP P1.5.B.1.d)**

*A Family Therapist is assigned to each child/youth experiencing his/her initial out-of-home placement in the 5 D.O.s with Permanency-Plus programs. The Family Therapist will complete an assessment of mental health issues as part of the comprehensive family assessment and will make any needed referrals for further mental health services. (PIP: WB3.23.B)*

Action step a: Establish training and public education about Permanency Plus that can be applied to each district office.

Action step b: Develop and implement a contracting system that results in the capacity to provide Permanency Plus to all district offices.

Action step c: Adapt and enhance district office resources that result in the capacity to apply Permanency Plus consistently in all district offices.

*Permanency Plus program was implemented in 4 more D.O.s; reunification data should improve with 40% of new DCYF foster home placements being in a Permanency Plus office. (PIP: P1.8.B)*

**Objective 3: Support application of collaborative approaches to child abuse, neglect and substance abuse to all areas of the state.**

Action step a: Using technical assistance and other supports, improve and continue collaborative approaches that address parental substance abuse and its relationship with child abuse and neglect.

Action step b: Utilizing successful practice models and technical assistance, DCYF will apply successful collaborative approaches that address substance abuse co-occurring with child abuse and neglect to additional locations with the goal of statewide application.

Action step c: DCYF will promote statewide collaborations to increase access by individuals experiencing alcohol and other drug abuse to supportive services that also ensure safety, stability, and well being of children.

**Objective 4: Support application of collaborative approaches to child abuse, neglect and domestic violence to all areas of the State of New Hampshire.**

Action step a: DCYF will coordinate funding to support the presence of Domestic Violence Program Specialists in all district offices.

Action step b: DCYF child protection supervisors will maintain regular statewide meetings that address DCYF/NHCADSV collaborations.

Action step c: DCYF will maintain and follow DCYF Domestic Violence Protocols that are consistent with Best Practice approaches to the co-occurrence of domestic violence and child abuse and neglect.

Action step d: DCYF Bureau for Quality Improvement and Clinical Administration will continue active participation in the Greenbook Demonstration Project addressing collaborative responses by the courts, DCYF, and NHCADSV.

**Objective 5: Support application of collaborative approaches to child abuse, neglect and Behavioral Health Services to all areas of the State of New Hampshire.**

Action step a: DCYF will work to improve access to and development of appropriate behavioral health services in all communities.

Action step b: The Clinical Administrator, and Child Protection Administrators will evaluate and implement application wraparound processes such as CARE NH to all areas of the state.

*Adapted from PIP: P1.5.D.1.c*



Action step c: DCYF will maintain and continue development of interagency agreements and provision of services to address needs of families and children with developmental disabilities.

Action step d: The Family and Community Services Administrator will ensure that DCYF demonstrates the identification, evaluation, and application of supports and services to birth parents prior to the TPR/permanency process, ensuring that those services and supports contribute to parent wellness, and the future relationship between the parent and child.

**Objective 6: Support application of statewide collaborative approaches to ensure access to quality medical and oral health care by children served by DCYF.**

***Access to comprehensive oral health services will improve throughout the state. (PIP: SA36.B)***

Action step a: Engage with statewide stakeholder groups, such as the Coalition for New Hampshire Oral Health Action, that address access to medical and oral health care.

Action step b: The Foster Care Health Program supervisor will continue to participate on DHHS Oral Health Action Team to identify/create ways to expand access to dental services. *(Adapted from PIP: SA36.B.1.a.)*

Action step c: Apply successful collaborations to all communities served by DCYF.

**Objective 7: Ensure consistency of services and interventions between DCYF and partnering organizations in training, contracted services, and collaboratives.**

Action step a: The Fiscal Administrator will demonstrate that all RFPs and contracts and training programs require familiarity with, and practice of, concepts and protocols outlined in:

- The Governor's Commission on Domestic Violence Multidisciplinary Protocol.
- The NH Attorney General's Committee on Child Abuse and Neglect
  - Educational Protocol and
  - Law Enforcement Protocol.

Action step b: DCYF will ensure that providers involved in collaborative services have access to DCYF training opportunities.

Action step c: The Family and Community Services Administrator will evaluate and assure that local Family Resource and Support Programs design their activities that are research based and consistent with recognized best practices.

**Objective 8: Access to transportation services for families connected to DCYF will improve throughout the state. (PIP: SA36.C)**

Action step a: By September 2004, utilizing local Permanency Planning Teams and Resource Development Teams, the Family and Community Services Administrator will implement a district office specific transportation needs assessments as part of the informal community-based service resources and needs assessments. *(Adapted from PIP: SA36.C.1)*

Action step b: By October 2004, the Family and Community Services Administrator, in collaboration with Fiscal Bureau Financial Analyst, will revise transportation services policies, i.e., Accompanied Transportation, Transportation and Public Transportation, to include performance and outcome measures. *(Adapted from PIP: SA36.C.1.a)*

Action step c: By October 2004, the Family and Community Services Administrator, in collaboration with Fiscal Bureau Financial Analyst, will implement meetings with transportation providers to

- (1) Review revised policies,
- (2) Assess and address service needs, and
- (3) Be organized as recruitment of new providers. *(Adapted from PIP: SA36.C.1.b)*

Action step d: The Family and Community Services Administrator, in collaboration with Fiscal Bureau Financial Analyst will ensure that all CPSWs, JPPOs and DO supervisors will be trained regarding Medicaid eligibility requirements for transportation services. *(Adapted from PIP: SA36.C.2.a)*



## **VI. Agency Responsiveness to the Community**

**Goal A: Build and maintain a formal network between program and grant administration, and community based efforts to address specific systems barriers.**

**Objective 1: Engage in a coordinated statewide public awareness campaign to ensure awareness of opportunities for personal and family support that exist in DHHS and partnering organizations.**

Action step a: DCYF will promote HHS engagement in community based events such as “contractor fairs” that publicize services and access, with consideration to cultural, ethnic, and linguistic needs.

Action step b: BQI will develop and utilize tools that track attendance, and evaluate services and needs for attendees at public information gatherings sponsored by DHHS.

Action step c: Incorporating information from action step b, DCYF will support and enhance information and referral resources that exist throughout the state.

**Objective 2: Build a formal ongoing network that connects information about essential community needs to the statewide process involved in programs and contracts.**

Action step a: Through the Comprehensive Family Support Initiative, the Family and Community Services Administrator and Bureau for Quality Improvement will develop a formal link between DCYF and consumers through DCYF funded community-based agencies.

Action step b: Through regular community stakeholder meetings, assess local service arrays and local conditions that address service barrier and access issues.

**Objective 3: Through ongoing involvement with key stakeholder groups, evaluate and apply initiatives that will decrease the amount of time that a child is in temporary out of**

**home care when reunification cannot occur, and adoption is the only viable permanency solution.**

Action step a: DCYF will participate in constituency groups such as:

- The Commissioner's Adoption Advisory Committee
- Adoption Advisory Council
- Consortium of NH Licensed Private Adoption Agencies
- New England Regional Adoption Managers
- New Hampshire Adoption Support Groups

Action step b: By June 2006, the DCYF Adoption Specialist will evaluate and launch an initiative that better incorporates faith-based communities in recruitment and training of foster/adoptive families.

Action step c: Through the Child Protective Services Administration and the Agency Legal Services Administrator, DCYF will work with the Court Improvement Project (CIP) administrator to assess and address reasons for delays in adjudicatory, dispositional, review and permanency hearings all of which lead to delays in achieving adoption within agency policy timeframes. (*Adapted from PIP: P1.9.F.*)

## **VII Foster and Adoptive parent recruitment, licensing, and retention**

**Goal A: Provide initial and ongoing training that supports commitment to early reunification or permanency for children who are in temporary out of home care.**

**Objective 1: Ensure that foster /adoptive parents receive training relevant to their needs, as well as the needs of the children in their care.**

Action step a: Develop methods for individualized training requirements for foster/adoptive parents.

Action step b: By June 30, 2007, review and revise the foster and adoption pre-service curriculums.

Action step c: Extend training and educational opportunities via College of Lifelong Learning to other key people, such as child care providers.

Action step d: Ensure that each foster/adoptive parent has a support through the mentorship program in his or her region.

Action step e: Using a rotating on call process, DCYF will ensure that foster/adoptive families have ongoing after-hours access to the CPSW licensing worker regarding their particular support needs. *(Adapted from PIP: P1.8.C.1.a)*

**Goal B: Combine foster and adoptive services to develop additional resource families.**

**Objective 1: Continue to expand throughout the State to recruit flexible foster/adoptive resources for children.**

*Agency to begin recruitment of resource homes in larger proportion than foster or adoptive homes: a resource home/family works intensively with the birth family toward reunification but if that were not successful, the family would become the permanent placement for the child(ren). (PIP: P1.6.D)*

Action step a: Apply Permanency Plus to all areas in the state. ([See Service Array, Goal B, Objective 2](#))

Action step b: Identify and address current barriers to foster care/adoption recruitment.

Action Step c: Recruit foster families who are willing to be the permanent family for a child if reunification cannot be achieved.

Action step d: By June 30, 2006, centralize foster and adoptive inquiries.

Action step e: By June 30, 2008, evaluate and incorporate into policy, the roles and responsibilities of foster care and permanency staff as they relate to licensure and approval.

## Epilogue

Among the most accomplished and fabled tribes of Africa, no tribe was considered to have warriors more fearsome or more intelligent than the mighty Masai. It is perhaps surprising then to learn the traditional greeting that passed between Masai warriors. "Kasserian ingera", one would always say to another. It means, "and how are the children?"

It is still the traditional greeting among the Masai, acknowledging the high value that the Masai always place on their children's well-being. Even warriors with no children of their own would always give the traditional answer. "All the children are well." Meaning, of course, that peace and safety prevail, that the priorities of protecting the young, the powerless, are in place, that Masai society has not forgotten its reason for being, its proper functions and responsibilities. "All the children are well" means that life is good. It means that the daily struggles of existence, even among a poor people, do not preclude proper caring for its young....

*Excerpted from a speech by the Rev. Dr. Patrick T. O'Neill, First Parish Unitarian Universalist Church, Framingham, MA.*

We at DCYF submit the reported information and strategic plan composed on the preceding pages as a blueprint for continued social change in New Hampshire. We hope that this plan can be part of a strong foundation for a statewide system of care that will benefit all of New Hampshire's children and families. For most, this system will provide access to education, nurturance, support, and necessary resources. For some, it will meet a critical and immediate need--the means to reach safety from trauma, fear, and uncertainty. During the coming years, DCYF and our community partners will continue to strive to be there to meet those needs, and work for the day when we can say "all of the children are well."